

House File 2460

S-5158

1 Amend House File 2460, as amended, passed, and
2 reprinted by the House, as follows:

3 1. By striking everything after the enacting clause
4 and inserting:

5 <DIVISION I

6 DEPARTMENT ON AGING — FY 2016-2017

7 Section 1. 2015 Iowa Acts, chapter 137, section
8 121, is amended to read as follows:

9 SEC. 121. DEPARTMENT ON AGING. There is
10 appropriated from the general fund of the state to
11 the department on aging for the fiscal year beginning
12 July 1, 2016, and ending June 30, 2017, the following
13 amount, or so much thereof as is necessary, to be used
14 for the purposes designated:

15 For aging programs for the department on aging and
16 area agencies on aging to provide citizens of Iowa who
17 are 60 years of age and older with case management for
18 frail elders, Iowa's aging and disabilities resource
19 center, and other services which may include but are
20 not limited to adult day services, respite care, chore
21 services, information and assistance, and material aid,
22 for information and options counseling for persons with
23 disabilities who are 18 years of age or older, and
24 for salaries, support, administration, maintenance,
25 and miscellaneous purposes, and for not more than the
26 following full-time equivalent positions:

27	\$	5,699,866
28		<u>12,498,603</u>
29	FTEs	31.00

30 1. Funds appropriated in this section may be used
31 to supplement federal funds under federal regulations.
32 To receive funds appropriated in this section, a local
33 area agency on aging shall match the funds with moneys
34 from other sources according to rules adopted by the
35 department. Funds appropriated in this section may be

1 used for elderly services not specifically enumerated
2 in this section only if approved by an area agency on
3 aging for provision of the service within the area.

4 2. Of the funds appropriated in this section,
5 ~~\$139,973~~ \$279,946 is transferred to the economic
6 development authority for the Iowa commission on
7 volunteer services to be used for the retired and
8 senior volunteer program.

9 3. a. The department on aging shall establish and
10 enforce procedures relating to expenditure of state and
11 federal funds by area agencies on aging that require
12 compliance with both state and federal laws, rules, and
13 regulations, including but not limited to all of the
14 following:

15 (1) Requiring that expenditures are incurred only
16 for goods or services received or performed prior to
17 the end of the fiscal period designated for use of the
18 funds.

19 (2) Prohibiting prepayment for goods or services
20 not received or performed prior to the end of the
21 fiscal period designated for use of the funds.

22 (3) Prohibiting the prepayment for goods or
23 services not defined specifically by good or service,
24 time period, or recipient.

25 (4) Prohibiting the establishment of accounts from
26 which future goods or services which are not defined
27 specifically by good or service, time period, or
28 recipient, may be purchased.

29 b. The procedures shall provide that if any funds
30 are expended in a manner that is not in compliance with
31 the procedures and applicable federal and state laws,
32 rules, and regulations, and are subsequently subject
33 to repayment, the area agency on aging expending such
34 funds in contravention of such procedures, laws, rules
35 and regulations, not the state, shall be liable for

1 such repayment.

2 4. Of the funds appropriated in this section, at
3 least ~~\$125,000~~ \$250,000 shall be used to fund the unmet
4 needs identified through Iowa's aging and disability
5 resource center network.

6 5. Of the funds appropriated in this section, at
7 least ~~\$300,000~~ \$600,000 shall be used to fund home and
8 community-based services through the area agencies
9 on aging that enable older individuals to avoid more
10 costly utilization of residential or institutional
11 services and remain in their own homes.

12 6. Of the funds appropriated in this section,
13 ~~\$406,833~~ \$912,537 shall be used for the purposes of
14 chapter 231E and section 231.56A, of which ~~\$144,333~~
15 \$350,000 shall be used for the office of substitute
16 decision maker pursuant to chapter 231E, and the
17 remainder shall be distributed equally to the area
18 agencies on aging to administer the prevention of elder
19 abuse, neglect, and exploitation program pursuant to
20 section 231.56A, in accordance with the requirements
21 of the federal Older Americans Act of 1965, 42 U.S.C.
22 §3001 et seq., as amended.

23 7. Of the funds appropriated in this section,
24 \$1,000,000 shall be used to fund continuation of the
25 aging and disability resource center lifelong links to
26 provide individuals and caregivers with information and
27 services to plan for and maintain independence.

28 DIVISION II

29 OFFICE OF LONG-TERM CARE OMBUDSMAN — FY 2016-2017

30 Sec. 2. 2015 Iowa Acts, chapter 137, section 122,
31 is amended to read as follows:

32 SEC. 122. OFFICE OF LONG-TERM CARE OMBUDSMAN.

33 1. There is appropriated from the general fund of
34 the state to the office of long-term care ombudsman for
35 the fiscal year beginning July 1, 2016, and ending June

1 30, 2017, the following amount, or so much thereof as
2 is necessary, to be used for the purposes designated:

3 For salaries, support, administration, maintenance,
4 and miscellaneous purposes, and for not more than the
5 following full-time equivalent positions:

6	\$	638,391
7		<u>1,626,783</u>
8	FTEs	17.00
9		<u>20.00</u>

10 2. Of the funds appropriated in this section,
11 ~~\$110,000~~ \$220,000 shall be used to continue to provide
12 for additional local long-term care ombudsmen.

13 3. Of the funds appropriated in this section,
14 \$350,000 shall be used to provide additional long-term
15 care ombudsmen to provide assistance and advocacy
16 related to long-term care services and supports under
17 the Medicaid program pursuant to section 231.44.

18 DIVISION III

19 DEPARTMENT OF PUBLIC HEALTH — FY 2016-2017

20 Sec. 3. 2015 Iowa Acts, chapter 137, section 123,
21 is amended to read as follows:

22 SEC. 123. DEPARTMENT OF PUBLIC HEALTH. There is
23 appropriated from the general fund of the state to
24 the department of public health for the fiscal year
25 beginning July 1, 2016, and ending June 30, 2017, the
26 following amounts, or so much thereof as is necessary,
27 to be used for the purposes designated:

28 1. ADDICTIVE DISORDERS

29 For reducing the prevalence of the use of tobacco,
30 alcohol, and other drugs, and treating individuals
31 affected by addictive behaviors, including gambling,
32 and for not more than the following full-time
33 equivalent positions:

34	\$	13,631,845
35		<u>26,988,690</u>

1 FTEs 10.00

2 a. (1) Of the funds appropriated in this
3 subsection, ~~\$2,624,180~~ \$5,248,361 shall be used for
4 the tobacco use prevention and control initiative,
5 including efforts at the state and local levels, as
6 provided in [chapter 142A](#). The commission on tobacco
7 use prevention and control established pursuant
8 to [section 142A.3](#) shall advise the director of
9 public health in prioritizing funding needs and the
10 allocation of moneys appropriated for the programs
11 and initiatives. Activities of the programs and
12 initiatives shall be in alignment with the United
13 States centers for disease control and prevention
14 best practices for comprehensive tobacco control
15 programs that include the goals of preventing youth
16 initiation of tobacco usage, reducing exposure to
17 secondhand smoke, and promotion of tobacco cessation.
18 To maximize resources, the department shall determine
19 if third-party sources are available to instead provide
20 nicotine replacement products to an applicant prior to
21 provision of such products to an applicant under the
22 initiative. The department shall track and report to
23 the individuals specified in this Act, any reduction
24 in the provision of nicotine replacement products
25 realized by the initiative through implementation of
26 the prerequisite screening.

27 (2) (a) ~~Of the funds allocated in this paragraph~~
28 ~~"a", \$226,533 is transferred to the~~ The department
29 shall collaborate with the alcoholic beverages division
30 of the department of commerce for enforcement of
31 tobacco laws, regulations, and ordinances and to engage
32 in tobacco control activities approved by the division
33 of tobacco use prevention and control of the department
34 of public health as specified in the memorandum of
35 understanding entered into between the divisions.

1 (b) For the fiscal year beginning July 1, 2016, and
2 ending June 30, 2017, the terms of the memorandum of
3 understanding, entered into between the division of
4 tobacco use prevention and control of the department
5 of public health and the alcoholic beverages division
6 of the department of commerce, governing compliance
7 checks conducted to ensure licensed retail tobacco
8 outlet conformity with tobacco laws, regulations,
9 and ordinances relating to persons under eighteen 18
10 years of age, shall continue to restrict the number of
11 such checks to one check per retail outlet, and one
12 additional check for any retail outlet found to be in
13 violation during the first check.

14 b. Of the funds appropriated in this subsection,
15 ~~\$11,007,664~~ \$21,740,329 shall be used for problem
16 gambling and substance-related disorder prevention,
17 treatment, and recovery services, including a 24-hour
18 helpline, public information resources, professional
19 training, youth prevention, and program evaluation.

20 ~~(1) Of the funds allocated in this paragraph "b",~~
21 ~~\$9,451,857 shall be used for substance-related disorder~~
22 ~~prevention and treatment.~~

23 ~~(a) Of the funds allocated in this subparagraph~~
24 ~~(1), \$449,650 shall be used for the public purpose of~~
25 ~~a grant program to provide substance-related disorder~~
26 ~~prevention programming for children.~~

27 ~~(i) Of the funds allocated in this subparagraph~~
28 ~~division (a), \$213,769 shall be used for grant funding~~
29 ~~for organizations that provide programming for~~
30 ~~children by utilizing mentors. Programs approved for~~
31 ~~such grants shall be certified or must be certified~~
32 ~~within six months of receiving the grant award by the~~
33 ~~Iowa commission on volunteer services as utilizing~~
34 ~~the standards for effective practice for mentoring~~
35 ~~programs.~~

1 ~~(ii) Of the funds allocated in this subparagraph~~
2 ~~division (a), \$213,419 shall be used for grant funding~~
3 ~~for organizations providing programming that includes~~
4 ~~youth development and leadership services. The~~
5 ~~programs shall also be recognized as being programs~~
6 ~~that are scientifically based with evidence of their~~
7 ~~effectiveness in reducing substance-related disorders~~
8 ~~in children.~~

9 ~~(iii) The department of public health shall utilize~~
10 ~~a request for proposals process to implement the grant~~
11 ~~program.~~

12 ~~(iv) All grant recipients shall participate in a~~
13 ~~program evaluation as a requirement for receiving grant~~
14 ~~funds.~~

15 ~~(v) Of the funds allocated in this subparagraph~~
16 ~~division (a), up to \$22,461 may be used to administer~~
17 ~~substance-related disorder prevention grants and for~~
18 ~~program evaluations.~~

19 ~~(b) Of the funds allocated in this subparagraph~~
20 ~~(1), \$136,301 shall be used for culturally competent~~
21 ~~substance-related disorder treatment pilot projects.~~

22 ~~(i) The department shall utilize the amount~~
23 ~~allocated in this subparagraph division (b) for at~~
24 ~~least three pilot projects to provide culturally~~
25 ~~competent substance-related disorder treatment in~~
26 ~~various areas of the state. Each pilot project shall~~
27 ~~target a particular ethnic minority population. The~~
28 ~~populations targeted shall include but are not limited~~
29 ~~to African American, Asian, and Latino.~~

30 ~~(ii) The pilot project requirements shall provide~~
31 ~~for documentation or other means to ensure access~~
32 ~~to the cultural competence approach used by a pilot~~
33 ~~project so that such approach can be replicated and~~
34 ~~improved upon in successor programs.~~

35 ~~(2) Of the funds allocated in this paragraph "b",~~

1 up to \$1,555,807 may be used for problem gambling
2 prevention, treatment, and recovery services.

3 (a) Of the funds allocated in this subparagraph
4 (2), \$1,286,881 shall be used for problem gambling
5 prevention and treatment.

6 (b) Of the funds allocated in this subparagraph
7 (2), up to \$218,926 may be used for a 24-hour helpline,
8 public information resources, professional training,
9 and program evaluation.

10 (c) Of the funds allocated in this subparagraph
11 (2), up to \$50,000 may be used for the licensing of
12 problem gambling treatment programs.

13 (3) It is the intent of the general assembly that
14 from the moneys allocated in this paragraph "b",
15 persons with a dual diagnosis of substance-related
16 disorder and gambling addiction shall be given priority
17 in treatment services.

18 c. Notwithstanding any provision of law to the
19 contrary, to standardize the availability, delivery,
20 cost of delivery, and accountability of problem
21 gambling and substance-related disorder treatment
22 services statewide, the department shall continue
23 implementation of a process to create a system for
24 delivery of treatment services in accordance with the
25 requirements specified in 2008 Iowa Acts, chapter
26 1187, section 3, subsection 4. To ensure the system
27 provides a continuum of treatment services that best
28 meets the needs of Iowans, the problem gambling and
29 substance-related disorder treatment services in any
30 area may be provided either by a single agency or by
31 separate agencies submitting a joint proposal.

32 (1) The system for delivery of substance-related
33 disorder and problem gambling treatment shall include
34 problem gambling prevention.

35 (2) The system for delivery of substance-related

1 ~~disorder and problem gambling treatment shall include~~
2 ~~substance-related disorder prevention by July 1, 2017.~~

3 ~~(3) Of the funds allocated in paragraph "b", the~~
4 ~~department may use up to \$50,000 for administrative~~
5 ~~costs to continue developing and implementing the~~
6 ~~process in accordance with this paragraph "c".~~

7 d. The requirement of section ~~123.53~~ 123.17,
8 subsection 5, is met by the appropriations and
9 allocations made in this division of this Act for
10 purposes of substance-related disorder treatment and
11 addictive disorders for the fiscal year beginning July
12 1, 2016.

13 ~~e. The department of public health shall work with~~
14 ~~all other departments that fund substance-related~~
15 ~~disorder prevention and treatment services and all~~
16 ~~such departments shall, to the extent necessary,~~
17 ~~collectively meet the state maintenance of effort~~
18 ~~requirements for expenditures for substance-related~~
19 ~~disorder services as required under the federal~~
20 ~~substance-related disorder prevention and treatment~~
21 ~~block grant.~~

22 2. HEALTHY CHILDREN AND FAMILIES

23 For promoting the optimum health status for
24 children, adolescents from birth through 21 years of
25 age, and families, and for not more than the following
26 full-time equivalent positions:

27	\$	2,308,771
28		<u>5,593,774</u>
29	FTEs	12.00

30 a. Of the funds appropriated in this subsection,
31 not more than ~~\$367,420~~ \$734,841 shall be used for the
32 healthy opportunities for parents to experience success
33 (HOPES)-healthy families Iowa (HFI) program established
34 pursuant to [section 135.106](#). The funding shall be
35 distributed to renew the grants that were provided

1 to the grantees that operated the program during the
2 fiscal year ending June 30, 2016.

3 b. In order to implement the legislative intent
4 stated in sections 135.106 and 256I.9, that priority
5 for home visitation program funding be given to
6 programs using evidence-based or promising models
7 for home visitation, it is the intent of the general
8 assembly to phase in the funding priority in accordance
9 with 2012 Iowa Acts, chapter 1133, section 2,
10 subsection 2, paragraph "0b".

11 c. Of the funds appropriated in this subsection,
12 ~~\$1,099,414~~ \$3,175,059 shall be used for continuation
13 of the department's initiative to provide for adequate
14 developmental surveillance and screening during a
15 child's first five years. The funds shall be used
16 first to fully fund the current sites to ensure
17 that the sites are fully operational, with the
18 remaining funds to be used for expansion to additional
19 sites. The full implementation and expansion shall
20 include enhancing the scope of the program through
21 collaboration with the child health specialty clinics
22 to promote healthy child development through early
23 identification and response to both biomedical
24 and social determinants of healthy development; by
25 monitoring child health metrics to inform practice,
26 document long-term health impacts and savings, and
27 provide for continuous improvement through training,
28 education, and evaluation; and by providing for
29 practitioner consultation particularly for children
30 with behavioral conditions and needs. The department
31 of public health shall also collaborate with the Iowa
32 Medicaid enterprise and the child health specialty
33 clinics to integrate the activities of the first five
34 initiative into the establishment of patient-centered
35 medical homes, community utilities, accountable

1 care organizations, and other integrated care models
2 developed to improve health quality and population
3 health while reducing health care costs. To the
4 maximum extent possible, funding allocated in this
5 paragraph shall be utilized as matching funds for
6 medical assistance program reimbursement.

7 d. Of the funds appropriated in this subsection,
8 ~~\$37,320~~ \$74,640 shall be distributed to a statewide
9 dental carrier to provide funds to continue the donated
10 dental services program patterned after the projects
11 developed by the lifeline network to provide dental
12 services to indigent individuals who are elderly or
13 with disabilities.

14 e. Of the funds appropriated in this subsection,
15 ~~\$55,997~~ \$111,995 shall be used for childhood obesity
16 prevention.

17 f. Of the funds appropriated in this subsection,
18 ~~\$81,384~~ \$162,768 shall be used to provide audiological
19 services and hearing aids for children. The department
20 may enter into a contract to administer this paragraph.

21 g. Of the funds appropriated in this subsection,
22 ~~\$12,500~~ \$25,000 is transferred to the university of
23 Iowa college of dentistry for provision of primary
24 dental services to children. State funds shall be
25 matched on a dollar-for-dollar basis. The university
26 of Iowa college of dentistry shall coordinate efforts
27 with the department of public health, bureau of oral
28 and health delivery systems, to provide dental care to
29 underserved populations throughout the state.

30 h. Of the funds appropriated in this subsection,
31 ~~\$25,000~~ \$50,000 shall be used to address youth suicide
32 prevention.

33 i. Of the funds appropriated in this subsection,
34 ~~\$25,000~~ \$50,000 shall be used to support the Iowa
35 effort to address the survey of children who experience

1 adverse childhood experiences known as ACEs.

2 j. The department of public health shall continue
3 to administer the program to assist parents in this
4 state with costs resulting from the death of a child
5 in accordance with the provisions of 2014 Iowa Acts,
6 chapter 1140, section 22, subsection 12.

7 3. CHRONIC CONDITIONS

8 For serving individuals identified as having chronic
9 conditions or special health care needs, and for not
10 more than the following full-time equivalent positions:

11	\$	2,477,846
12		<u>5,080,692</u>
13	FTEs	5.00

14 a. Of the funds appropriated in this subsection,
15 ~~\$79,966~~ \$159,932 shall be used for grants to individual
16 patients who have an inherited metabolic disorder to
17 assist with the costs of medically necessary foods and
18 formula.

19 b. Of the funds appropriated in this subsection,
20 ~~\$445,822~~ \$1,041,644 shall be used for the brain
21 injury services program pursuant to [section 135.22B](#),
22 including for continuation of the contracts for
23 resource facilitator services in accordance with
24 section 135.22B, subsection 9, and to enhance brain
25 injury training and recruitment of service providers
26 on a statewide basis. Of the amount allocated in this
27 paragraph, ~~\$47,500~~ \$95,000 shall be used to fund one
28 full-time equivalent position to serve as the state
29 brain injury services program manager.

30 c. Of the funds appropriated in this subsection,
31 ~~\$273,991~~ \$547,982 shall be used as additional funding
32 to leverage federal funding through the federal Ryan
33 White Care Act, Tit. II, AIDS drug assistance program
34 supplemental drug treatment grants.

35 d. Of the funds appropriated in this subsection,

1 ~~\$74,911~~ \$149,823 shall be used for the public
2 purpose of continuing to contract with an existing
3 national-affiliated organization to provide education,
4 client-centered programs, and client and family support
5 for people living with epilepsy and their families.
6 The amount allocated in this paragraph in excess of
7 ~~\$50,000~~ \$100,000 shall be matched dollar-for-dollar by
8 the organization specified.

9 e. Of the funds appropriated in this subsection,
10 ~~\$392,557~~ \$785,114 shall be used for child health
11 specialty clinics.

12 f. Of the funds appropriated in this subsection,
13 ~~\$200,000~~ \$400,000 shall be used by the regional
14 autism assistance program established pursuant to
15 section 256.35, and administered by the child health
16 specialty clinic located at the university of Iowa
17 hospitals and clinics. The funds shall be used to
18 enhance interagency collaboration and coordination of
19 educational, medical, and other human services for
20 persons with autism, their families, and providers of
21 services, including delivering regionalized services of
22 care coordination, family navigation, and integration
23 of services through the statewide system of regional
24 child health specialty clinics and fulfilling other
25 requirements as specified in [chapter 225D](#). The
26 university of Iowa shall not receive funds allocated
27 under this paragraph for indirect costs associated with
28 the regional autism assistance program.

29 g. Of the funds appropriated in this subsection,
30 ~~\$285,496~~ \$594,543 shall be used for the comprehensive
31 cancer control program to reduce the burden of cancer
32 in Iowa through prevention, early detection, effective
33 treatment, and ensuring quality of life. Of the funds
34 allocated in this paragraph "g", ~~\$75,000~~ \$150,000
35 shall be used to support a melanoma research symposium,

1 a melanoma biorepository and registry, basic and
2 translational melanoma research, and clinical trials.

3 h. Of the funds appropriated in this subsection,
4 ~~\$63,225~~ \$101,450 shall be used for cervical and colon
5 cancer screening, and ~~\$150,000~~ \$300,000 shall be
6 used to enhance the capacity of the cervical cancer
7 screening program to include provision of recommended
8 prevention and early detection measures to a broader
9 range of low-income women.

10 i. Of the funds appropriated in this subsection,
11 ~~\$263,347~~ \$526,695 shall be used for the center for
12 congenital and inherited disorders.

13 j. Of the funds appropriated in this subsection,
14 ~~\$64,705~~ \$129,411 shall be used for the prescription
15 drug donation repository program created in chapter
16 135M.

17 k. Of the funds appropriated in this subsection,
18 ~~\$107,631~~ \$215,263 shall be used by the department of
19 public health for reform-related activities, including
20 but not limited to facilitation of communication
21 to stakeholders at the state and local level,
22 administering the patient-centered health advisory
23 council pursuant to [section 135.159](#), and involvement
24 in health care system innovation activities occurring
25 across the state.

26 l. Of the funds appropriated in this subsection,
27 ~~\$12,500~~ \$25,000 shall be used for administration of
28 chapter 124D, the medical cannabidiol Act.

29 4. COMMUNITY CAPACITY

30 For strengthening the health care delivery system at
31 the local level, and for not more than the following
32 full-time equivalent positions:

33	\$	4,410,667
34		<u>7,339,136</u>
35	FTEs	11.00

1
2 a. Of the funds appropriated in this subsection,
3 ~~\$49,707~~ \$99,414 is allocated for continuation of the
4 child vision screening program implemented through
5 the university of Iowa hospitals and clinics in
6 collaboration with early childhood Iowa areas. The
7 program shall submit a report to the individuals
8 identified in this Act for submission of reports
9 regarding the use of funds allocated under this
10 paragraph "a". The report shall include the objectives
11 and results for the program year including the target
12 population and how the funds allocated assisted the
13 program in meeting the objectives; the number, age, and
14 location within the state of individuals served; the
15 type of services provided to the individuals served;
16 the distribution of funds based on service provided;
17 and the continuing needs of the program.
18 b. Of the funds appropriated in this subsection,
19 ~~\$55,328~~ \$110,656 is allocated for continuation of an
20 initiative implemented at the university of Iowa and
21 ~~\$49,952~~ \$99,904 is allocated for continuation of an
22 initiative at the state mental health institute at
23 Cherokee to expand and improve the workforce engaged in
24 mental health treatment and services. The initiatives
25 shall receive input from the university of Iowa, the
26 department of human services, the department of public
27 health, and the mental health and disability services
28 commission to address the focus of the initiatives.
29 c. Of the funds appropriated in this subsection,
30 ~~\$582,314~~ \$1,164,628 shall be used for essential public
31 health services that promote healthy aging throughout
32 one's lifespan, contracted through a formula for local
33 boards of health, to enhance health promotion and
34 disease prevention services.
35 d. Of the funds appropriated in this ~~section~~

1 subsection, ~~\$49,643~~ \$99,286 shall be deposited in the
2 governmental public health system fund created in
3 section 135A.8 to be used for the purposes of the fund.

4 ~~e. Of the funds appropriated in this subsection,~~
5 ~~\$52,724 shall be used to continue to address the~~
6 ~~shortage of mental health professionals in the state.~~

7 f. Of the funds appropriated in this subsection,
8 ~~\$25,000~~ \$50,000 shall be used for a grant to a
9 statewide association of psychologists that is
10 affiliated with the American psychological association
11 to be used for continuation of a program to rotate
12 intern psychologists in placements in urban and rural
13 mental health professional shortage areas, as defined
14 in [section 135.180](#).

15 g. (1) Of the funds appropriated in this
16 subsection, ~~\$1,441,484~~ \$1,210,770 shall be allocated
17 as a grant to the Iowa primary care association to
18 be used pursuant to [section 135.153](#) for the statewide
19 coordination of the Iowa collaborative safety net
20 provider network. Coordination of the network shall
21 focus on increasing access by underserved populations
22 to health care services, increasing integration of the
23 health system and collaboration across the continuum of
24 care with a focus on safety net services, and enhancing
25 the Iowa collaborative safety net provider network's
26 communication and education efforts. The amount
27 allocated as a grant under this subparagraph (1) shall
28 be used as follows to support the Iowa collaborative
29 safety net provider network goals of increased access,
30 health system integration, and engagement:

31 (a) For distribution to safety net partners in the
32 state that work to increase access of the underserved
33 population to health services:

34	\$	512,742
35		<u>1,025,485</u>

1 (i) Of the amount allocated in this subparagraph
2 division (a), ~~up to~~ not less than \$206,707 \$413,415
3 shall be distributed to the Iowa prescription drug
4 corporation for continuation of the pharmaceutical
5 infrastructure for safety net providers as described in
6 2007 Iowa Acts, chapter 218, section 108.

7 (ii) Of the amount allocated in this subparagraph
8 division (a), ~~up to~~ not less than \$174,161 \$348,322
9 shall be distributed to free clinics and free clinics
10 of Iowa for necessary infrastructure, statewide
11 coordination, provider recruitment, service delivery,
12 and provision of assistance to patients in securing a
13 medical home inclusive of oral health care.

14 (iii) Of the amount allocated in this subparagraph
15 division (a), ~~up to~~ not less than \$25,000 \$50,000
16 shall be distributed to the Iowa coalition against
17 sexual assault to continue a training program for
18 sexual assault response team (SART) members, including
19 representatives of law enforcement, victim advocates,
20 prosecutors, and certified medical personnel.

21 (iv) Of the amount allocated in this subparagraph
22 division (a), ~~up to~~ not less than \$106,874 \$213,748
23 shall be distributed to the Polk county medical
24 society for continuation of the safety net provider
25 patient access to a specialty health care initiative as
26 described in 2007 Iowa Acts, chapter 218, section 109.

27 (c) For distribution to safety net partners in the
28 state that work to serve as a resource for credible,
29 accurate information on health care-related needs
30 and services for vulnerable populations in the state
31 including the Iowa association of rural health clinics
32 for necessary infrastructure and service delivery
33 transformation and the Iowa primary care association
34 to support partner engagement, program management, and
35 statewide coordination of the network:

1 \$ 92,642
2 185,285

3 (2) The amount allocated under this paragraph
4 "g" shall not be reduced for administrative or other
5 costs prior to distribution. The Iowa collaborative
6 safety net provider network may continue to distribute
7 funds allocated pursuant to this paragraph "g" through
8 existing contracts or renewal of existing contracts.

9 (3) For each goal of the Iowa collaborative safety
10 net provider network, the Iowa primary care association
11 shall submit a progress report to the individuals
12 designated in this Act for submission of reports by
13 December 15, 2016, including progress in developing
14 and implementing the network, how the funds were
15 distributed and used in developing and implementing the
16 network, and the remaining needs identified to fully
17 develop and implement the network.

18 h. Of the funds appropriated in this subsection,
19 ~~\$106,700~~ \$213,400 shall be used for continuation of
20 the work of the direct care worker advisory council
21 established pursuant to 2008 Iowa Acts, chapter 1188,
22 section 69, in implementing the recommendations in
23 the final report submitted by the advisory council to
24 the governor and the general assembly in March 2012,
25 including by continuing to develop, promote, and make
26 available on a statewide basis the prepare-to-care core
27 curriculum and its associated modules and specialties
28 through various formats including online access,
29 community colleges, and other venues; exploring
30 new and maintaining existing specialties including
31 but not limited to oral health and dementia care;
32 supporting instructor training; and assessing and
33 making recommendations concerning the Iowa care book
34 and information technology systems and infrastructure
35 uses and needs.

1 i. (1) Of the funds appropriated in this
2 subsection, ~~\$108,187~~ \$216,375 shall be ~~used for~~
3 ~~allocation to~~ allocated for continuation of the
4 contract with an independent statewide direct care
5 worker organization previously selected through a
6 request for proposals process. The contract shall
7 continue to include performance and outcomes measures,
8 and shall continue to allow the contractor to use
9 a portion of the funds received under the contract
10 to collect data to determine results based on the
11 performance and outcomes measures.

12 (2) Of the funds appropriated in this subsection,
13 ~~\$37,500~~ \$75,000 shall be used to provide scholarships
14 or other forms of subsidization for direct care
15 worker educational conferences, training, or outreach
16 activities.

17 j. Of the funds appropriated in this subsection,
18 the department may use up to ~~\$29,087~~ \$58,175 for up to
19 one full-time equivalent position to administer the
20 volunteer health care provider program pursuant to
21 section 135.24.

22 k. Of the funds appropriated in this subsection,
23 ~~\$50,000~~ \$100,000 shall be used for a matching dental
24 education loan repayment program to be allocated
25 to a dental nonprofit health service corporation to
26 continue to develop the criteria and implement the loan
27 repayment program.

28 l. Of the funds appropriated in this subsection,
29 ~~\$52,911~~ \$105,823 is transferred to the college student
30 aid commission for deposit in the rural Iowa primary
31 care trust fund created in [section 261.113](#) to be used
32 for the purposes of the fund.

33 m. Of the funds appropriated in this subsection,
34 ~~\$125,000~~ \$250,000 shall be used for the purposes of the
35 Iowa donor registry as specified in [section 142C.18](#).

1 n. Of the funds appropriated in this subsection,
2 ~~\$50,000~~ \$100,000 shall be used for continuation of
3 a grant to a nationally affiliated volunteer eye
4 organization that has an established program for
5 children and adults and that is solely dedicated to
6 preserving sight and preventing blindness through
7 education, nationally certified vision screening and
8 training, and community and patient service programs.
9 The organization shall submit a report to the
10 individuals identified in this Act for submission of
11 reports regarding the use of funds allocated under this
12 paragraph "n". The report shall include the objectives
13 and results for the program year including the target
14 population and how the funds allocated assisted the
15 program in meeting the objectives; the number, age, and
16 location within the state of individuals served; the
17 type of services provided to the individuals served;
18 the distribution of funds based on services provided;
19 and the continuing needs of the program.

20 o. Of the funds appropriated in this subsection,
21 ~~\$1,000,000~~ \$2,000,000 shall be deposited in the medical
22 residency training account created in section 135.175,
23 subsection 5, paragraph "a", and is appropriated from
24 the account to the department of public health to be
25 used for the purposes of the medical residency training
26 state matching grants program as specified in section
27 135.176. However, notwithstanding any provision to the
28 contrary in [section 135.176](#), priority in the awarding
29 of grants for the fiscal year beginning July 1, 2016,
30 shall be given to sponsors approved but not funded in
31 the prior fiscal year competitive procurement process
32 that proposed preference in the use of the grant funds
33 for internal medicine positions, and priority in the
34 awarding of the remaining moneys shall be given to
35 sponsors that propose preference in the use of the

1 grant funds for psychiatric residency positions and
2 family practice residency positions.

3 p. Of the funds appropriated in this subsection,
4 ~~\$78,309~~ \$156,619 is allocated to the university of
5 Iowa hospitals and clinics to continue a systematic
6 and evidence-based practice collaborative care model
7 to improve outcomes of mental health treatment in
8 primary care settings in the state. Funds shall be
9 used to establish the collaborative care model in
10 several primary care practices in rural and urban areas
11 throughout the state, to provide staffing to administer
12 the model, and to provide staff training and database
13 management to track and manage patient outcomes.

14 q. Of the funds appropriated in this subsection,
15 \$100,000 shall be used by the department of public
16 health to develop recommendations to be submitted in
17 a report by December 15, 2016, as otherwise described
18 in this division of this Act, including those for
19 a broader, more systematic and strategic workforce
20 initiative, which may include a comprehensive study of
21 workforce program needs and the establishment of an
22 advisory workgroup.

23 5. HEALTHY AGING

24 To provide public health services that reduce risks
25 and invest in promoting and protecting good health over
26 the course of a lifetime with a priority given to older
27 Iowans and vulnerable populations:

28 \$ ~~3,648,571~~
29 7,297,142

30 6. INFECTIOUS DISEASES

31 For reducing the incidence and prevalence of
32 communicable diseases, and for not more than the
33 following full-time equivalent positions:

34 \$ ~~667,577~~
35 1,335,155

1	FTEs	4.00
2 7. PUBLIC PROTECTION		
3 For protecting the health and safety of the		
4 public through establishing standards and enforcing		
5 regulations, and for not more than the following		
6 full-time equivalent positions:		
7	\$	2,169,595
8		<u>4,399,191</u>
9	FTEs	136.00
10		<u>137.00</u>

11 a. Of the funds appropriated in this subsection,
12 not more than ~~\$227,350~~ \$454,700 shall be credited to
13 the emergency medical services fund created in section
14 135.25. Moneys in the emergency medical services fund
15 are appropriated to the department to be used for the
16 purposes of the fund.

17 b. Of the funds appropriated in this subsection,
18 ~~\$101,516~~ \$203,032 shall be used for sexual violence
19 prevention programming through a statewide organization
20 representing programs serving victims of sexual
21 violence through the department's sexual violence
22 prevention program. The amount allocated in this
23 paragraph "b" shall not be used to supplant funding
24 administered for other sexual violence prevention or
25 victims assistance programs.

26 c. Of the funds appropriated in this subsection,
27 ~~\$299,375~~ \$598,751 shall be used for the state poison
28 control center. Pursuant to the directive under 2014
29 Iowa Acts, chapter 1140, section 102, the federal
30 matching funds available to the state poison control
31 center from the department of human services under
32 the federal Children's Health Insurance Program
33 Reauthorization Act allotment shall be subject to
34 the federal administrative cap rule of 10 percent
35 applicable to funding provided under Tit. XXI of the

1 federal Social Security Act and included within the
2 department's calculations of the cap.

3 d. Of the funds appropriated in this subsection,
4 ~~\$268,875~~ \$537,750 shall be used for childhood lead
5 poisoning provisions.

6 8. RESOURCE MANAGEMENT

7 For establishing and sustaining the overall
8 ability of the department to deliver services to the
9 public, and for not more than the following full-time
10 equivalent positions:

11	\$	427,536
12		<u>1,005,072</u>
13	FTEs	4.00

14 9. MISCELLANEOUS PROVISIONS

15 a. The university of Iowa hospitals and clinics
16 under the control of the state board of regents shall
17 not receive indirect costs from the funds appropriated
18 in this section. The university of Iowa hospitals and
19 clinics billings to the department shall be on at least
20 a quarterly basis.

21 b. The department of public health shall conduct a
22 sampling of the entities to which appropriated funds
23 are allocated, granted, or otherwise distributed under
24 this section and shall require such entities to submit
25 a progress report to the department by September 1,
26 2016, which includes the objectives and results of the
27 program since the initial receipt of state funding and
28 how the funds are assisting the program in meeting the
29 objectives, specifying the target population served
30 and the type of services provided, and identifying
31 the continuing needs of the recipient entity and the
32 service population. The department shall review the
33 information reported and shall make recommendations to
34 the governor and the general assembly by December 15,
35 2016, to realign, bundle, or otherwise redistribute

1 funding to meet the needs identified and improve
2 services during the subsequent fiscal year.

3 c. The department of public health shall submit a
4 report to the individuals identified in this Act for
5 submission of reports by December 15, 2016, regarding
6 a proposal for realigning, bundling, redistributing,
7 or otherwise adjusting the department's funding
8 streams to reflect the department's priorities and
9 goals and to provide increased flexibility in the
10 distribution of funding to meet these priorities
11 and goals. The proposal shall specifically include
12 recommendations for a broader, more systematic and
13 strategic workforce initiative which may include a
14 comprehensive study of workforce program needs and the
15 establishment of an advisory workgroup. The proposal
16 shall also specifically include strategies, developed
17 in collaboration with the department of education, to
18 encourage elementary and secondary education students
19 to pursue careers in the fields of health and health
20 care.

21 DIVISION IV

22 DEPARTMENT OF VETERANS AFFAIRS — FY 2016-2017

23 Sec. 4. 2015 Iowa Acts, chapter 137, section 124,
24 is amended to read as follows:

25 SEC. 124. DEPARTMENT OF VETERANS AFFAIRS. There
26 is appropriated from the general fund of the state to
27 the department of veterans affairs for the fiscal year
28 beginning July 1, 2016, and ending June 30, 2017, the
29 following amounts, or so much thereof as is necessary,
30 to be used for the purposes designated:

31 1. DEPARTMENT OF VETERANS AFFAIRS ADMINISTRATION

32 For salaries, support, maintenance, and
33 miscellaneous purposes, and for not more than the
34 following full-time equivalent positions:

35 \$ 600,273

1 1,200,546
2 FTEs 15.00

3 2. IOWA VETERANS HOME

4 For salaries, support, maintenance, and
5 miscellaneous purposes:

6 \$ ~~3,797,498~~
7 7,594,996

8 a. The Iowa veterans home billings involving the
9 department of human services shall be submitted to the
10 department on at least a monthly basis.

11 c. Within available resources and in conformance
12 with associated state and federal program eligibility
13 requirements, the Iowa veterans home may implement
14 measures to provide financial assistance to or
15 on behalf of veterans or their spouses who are
16 participating in the community reentry program.

17 e. The Iowa veterans home shall expand the annual
18 discharge report to also include applicant information
19 and to provide for the collection of demographic
20 information including but not limited to the number
21 of individuals applying for admission and admitted or
22 denied admittance and the basis for the admission or
23 denial; the age, gender, and race of such individuals;
24 and the level of care for which such individuals
25 applied for admission including residential or nursing
26 level of care.

27 3. HOME OWNERSHIP ASSISTANCE PROGRAM

28 For transfer to the Iowa finance authority for the
29 continuation of the home ownership assistance program
30 for persons who are or were eligible members of the
31 armed forces of the United States, pursuant to section
32 16.54:

33 \$ ~~1,250,000~~
34 2,500,000

35 Sec. 5. 2015 Iowa Acts, chapter 137, section 125,

1 is amended to read as follows:

2 SEC. 125. LIMITATION OF COUNTY

3 COMMISSIONS OF VETERAN AFFAIRS FUND STANDING

4 APPROPRIATIONS. Notwithstanding the standing

5 appropriation in [section 35A.16](#) for the fiscal year

6 beginning July 1, 2016, and ending June 30, 2017, the

7 amount appropriated from the general fund of the state

8 pursuant to that section for the following designated

9 purposes shall not exceed the following amount:

10 For the county commissions of veteran affairs fund
11 under [section 35A.16](#):

12	\$	495,000
13		<u>990,000</u>

14 DIVISION V

15 DEPARTMENT OF HUMAN SERVICES — FY 2016-2017

16 Sec. 6. 2015 Iowa Acts, chapter 137, section 126,
17 is amended to read as follows:

18 SEC. 126. TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

19 BLOCK GRANT. There is appropriated from the fund

20 created in [section 8.41](#) to the department of human

21 services for the fiscal year beginning July 1, 2016,

22 and ending June 30, 2017, from moneys received under

23 the federal temporary assistance for needy families

24 (TANF) block grant pursuant to the federal Personal

25 Responsibility and Work Opportunity Reconciliation

26 Act of 1996, Pub. L. No. 104-193, and successor

27 legislation, the following amounts, or so much

28 thereof as is necessary, to be used for the purposes

29 designated:

30 1. To be credited to the family investment program
31 account and used for assistance under the family
32 investment program under [chapter 239B](#):

33	\$	2,568,497
34		<u>5,112,462</u>

35 2. To be credited to the family investment program

1 account and used for the job opportunities and
2 basic skills (JOBS) program and implementing family
3 investment agreements in accordance with [chapter 239B](#):

4 \$ ~~5,069,089~~
5 5,575,693

6 3. To be used for the family development and
7 self-sufficiency grant program in accordance with
8 section 216A.107:

9 \$ ~~1,449,490~~
10 2,898,980

11 Notwithstanding [section 8.33](#), moneys appropriated in
12 this subsection that remain unencumbered or unobligated
13 at the close of the fiscal year shall not revert but
14 shall remain available for expenditure for the purposes
15 designated until the close of the succeeding fiscal
16 year. However, unless such moneys are encumbered or
17 obligated on or before September 30, ~~2016~~ 2017, the
18 moneys shall revert.

19 4. For field operations:

20 \$ ~~15,648,116~~
21 35,774,331

22 5. For general administration:

23 \$ ~~1,872,000~~
24 3,744,000

25 6. For state child care assistance:

26 \$ ~~17,523,555~~
27 46,866,826

28 a. Of the funds appropriated in this subsection,
29 ~~\$13,164,048~~ \$26,328,097 is transferred to the child
30 care and development block grant appropriation made
31 by the Eighty-sixth General Assembly, 2016 Session,
32 for the federal fiscal year beginning October 1,
33 2016, and ending September 30, 2017. Of this amount,
34 ~~\$100,000~~ \$200,000 shall be used for provision of
35 educational opportunities to registered child care

1 home providers in order to improve services and
2 programs offered by this category of providers and
3 to increase the number of providers. The department
4 may contract with institutions of higher education or
5 child care resource and referral centers to provide the
6 educational opportunities. Allowable administrative
7 costs under the contracts shall not exceed 5 percent.
8 The application for a grant shall not exceed two pages
9 in length.

10 b. Any funds appropriated in this subsection
11 remaining unallocated shall be used for state child
12 care assistance payments for families who are employed
13 including but not limited to individuals enrolled in
14 the family investment program.

15 ~~7. For distribution to counties and regions through~~
16 ~~the property tax relief fund for mental health and~~
17 ~~disability services as provided in an appropriation~~
18 ~~made for this purpose:~~

19 \$ ~~2,447,026~~

20 8. For child and family services:

21 \$ ~~16,042,215~~

22 36,256,580

23 9. For child abuse prevention grants:

24 \$ ~~62,500~~

25 125,000

26 10. For pregnancy prevention grants on the
27 condition that family planning services are funded:

28 \$ ~~965,033~~

29 1,930,067

30 Pregnancy prevention grants shall be awarded to
31 programs in existence on or before July 1, 2016, if the
32 programs have demonstrated positive outcomes. Grants
33 shall be awarded to pregnancy prevention programs
34 which are developed after July 1, 2016, if the programs
35 are based on existing models that have demonstrated

1 positive outcomes. Grants shall comply with the
2 requirements provided in 1997 Iowa Acts, chapter
3 208, section 14, subsections 1 and 2, including the
4 requirement that grant programs must emphasize sexual
5 abstinence. Priority in the awarding of grants shall
6 be given to programs that serve areas of the state
7 which demonstrate the highest percentage of unplanned
8 pregnancies of females of childbearing age within the
9 geographic area to be served by the grant.

10 11. For technology needs and other resources
11 necessary to meet federal welfare reform reporting,
12 tracking, and case management requirements:

13 \$ ~~518,593~~
14 1,037,186

15 12. For the family investment program share of
16 the costs to continue to develop and maintain a new,
17 integrated eligibility determination system:

18 \$ ~~3,327,440~~
19 6,654,880

20 13. a. Notwithstanding any provision to the
21 contrary, including but not limited to requirements
22 in [section 8.41](#) or provisions in 2015 or 2016 Iowa
23 Acts regarding the receipt and appropriation of
24 federal block grants, federal funds from the temporary
25 assistance for needy families block grant received
26 by the state and not otherwise appropriated in this
27 section and remaining available for the fiscal year
28 beginning July 1, 2016, are appropriated to the
29 department of human services to the extent as may
30 be necessary to be used in the following priority
31 order: the family investment program, for state child
32 care assistance program payments for families who are
33 employed, and for the family investment program share
34 of costs to develop and maintain a new, integrated
35 eligibility determination system. The federal funds

1 appropriated in this paragraph "a" shall be expended
2 only after all other funds appropriated in subsection
3 1 for the assistance under the family investment
4 program, in subsection 6 for child care assistance,
5 or in subsection 12 for the family investment program
6 share of the costs to continue to develop and
7 maintain a new, integrated eligibility determination
8 system, as applicable, have been expended. For the
9 purposes of this subsection, the funds appropriated
10 in subsection 6, paragraph "a", for transfer to the
11 child care and development block grant appropriation
12 are considered fully expended when the full amount has
13 been transferred.

14 b. The department shall, on a quarterly basis,
15 advise the legislative services agency and department
16 of management of the amount of funds appropriated in
17 this subsection that was expended in the prior quarter.

18 14. Of the amounts appropriated in this section,
19 ~~\$6,481,004~~ \$12,962,008 for the fiscal year beginning
20 July 1, 2016, is transferred to the appropriation of
21 the federal social services block grant made to the
22 department of human services for that fiscal year.

23 15. For continuation of the program providing
24 categorical eligibility for the food assistance program
25 as specified for the program in the section of this
26 division of this 2016 Act relating to the family
27 investment program account:

28	\$	12,500
29		<u>25,000</u>

30 16. The department may transfer funds allocated
31 in this section to the appropriations made in this
32 division of this Act for the same fiscal year for
33 general administration and field operations for
34 resources necessary to implement and operate the
35 services referred to in this section and those funded

1 in the appropriation made in this division of this Act
2 for the same fiscal year for the family investment
3 program from the general fund of the state.

4 Sec. 7. 2015 Iowa Acts, chapter 137, section 127,
5 is amended to read as follows:

6 SEC. 127. FAMILY INVESTMENT PROGRAM ACCOUNT.

7 1. Moneys credited to the family investment program
8 (FIP) account for the fiscal year beginning July
9 1, 2016, and ending June 30, 2017, shall be used to
10 provide assistance in accordance with [chapter 239B](#).

11 2. The department may use a portion of the moneys
12 credited to the FIP account under this section as
13 necessary for salaries, support, maintenance, and
14 miscellaneous purposes.

15 3. The department may transfer funds allocated
16 in subsection 4 to the appropriations made in this
17 division of this Act for the same fiscal year for
18 general administration and field operations for
19 resources necessary to implement and operate the family
20 investment program services referred to in this section
21 and those funded in the appropriation made in this
22 division of this Act for the same fiscal year for the
23 family investment program from the general fund of the
24 state.

25 4. Moneys appropriated in this division of this Act
26 and credited to the FIP account for the fiscal year
27 beginning July 1, 2016, and ending June 30, 2017, are
28 allocated as follows:

29 a. To be retained by the department of human
30 services to be used for coordinating with the
31 department of human rights to more effectively serve
32 participants in FIP and other shared clients and to
33 meet federal reporting requirements under the federal
34 temporary assistance for needy families block grant:
35 \$ ~~10,000~~

1 20,000

2 b. To the department of human rights for staffing,
3 administration, and implementation of the family
4 development and self-sufficiency grant program in
5 accordance with [section 216A.107](#):

6 \$ ~~3,096,417~~
7 6,192,834

8 (1) Of the funds allocated for the family
9 development and self-sufficiency grant program in this
10 paragraph "b", not more than 5 percent of the funds
11 shall be used for the administration of the grant
12 program.

13 (2) The department of human rights may continue to
14 implement the family development and self-sufficiency
15 grant program statewide during fiscal year 2016-2017.

16 (3) The department of human rights may engage in
17 activities to strengthen and improve family outcomes
18 measures and data collection systems under the family
19 development and self-sufficiency grant program.

20 c. For the diversion subaccount of the FIP account:
21 \$ ~~407,500~~
22 815,000

23 A portion of the moneys allocated for the subaccount
24 may be used for field operations, salaries, data
25 management system development, and implementation
26 costs and support deemed necessary by the director of
27 human services in order to administer the FIP diversion
28 program. To the extent moneys allocated in this
29 paragraph "c" are not deemed by the department to be
30 necessary to support diversion activities, such moneys
31 may be used for other efforts intended to increase
32 engagement by family investment program participants in
33 work, education, or training activities.

34 d. For the food assistance employment and training
35 program:

1 \$ ~~33,294~~
2 66,588

3 (1) The department shall apply the federal
4 supplemental nutrition assistance program (SNAP)
5 employment and training state plan in order to maximize
6 to the fullest extent permitted by federal law the use
7 of the 50 percent federal reimbursement provisions
8 for the claiming of allowable federal reimbursement
9 funds from the United States department of agriculture
10 pursuant to the federal SNAP employment and training
11 program for providing education, employment, and
12 training services for eligible food assistance program
13 participants, including but not limited to related
14 dependent care and transportation expenses.

15 (2) The department shall continue the categorical
16 federal food assistance program eligibility at 160
17 percent of the federal poverty level and continue to
18 eliminate the asset test from eligibility requirements,
19 consistent with federal food assistance program
20 requirements. The department shall include as many
21 food assistance households as is allowed by federal
22 law. The eligibility provisions shall conform to all
23 federal requirements including requirements addressing
24 individuals who are incarcerated or otherwise
25 ineligible.

26 e. For the JOBS program:

27 \$ ~~8,770,199~~
28 16,129,101

29 5. Of the child support collections assigned under
30 FIP, an amount equal to the federal share of support
31 collections shall be credited to the child support
32 recovery appropriation made in this division of this
33 Act. Of the remainder of the assigned child support
34 collections received by the child support recovery
35 unit, a portion shall be credited to the FIP account,

1 a portion may be used to increase recoveries, and a
2 portion may be used to sustain cash flow in the child
3 support payments account. If as a consequence of the
4 appropriations and allocations made in this section
5 the resulting amounts are insufficient to sustain
6 cash assistance payments and meet federal maintenance
7 of effort requirements, the department shall seek
8 supplemental funding. If child support collections
9 assigned under FIP are greater than estimated or are
10 otherwise determined not to be required for maintenance
11 of effort, the state share of either amount may
12 be transferred to or retained in the child support
13 payments account.

14 6. The department may adopt emergency rules for the
15 family investment, JOBS, food assistance, and medical
16 assistance programs if necessary to comply with federal
17 requirements.

18 Sec. 8. 2015 Iowa Acts, chapter 137, section 128,
19 is amended to read as follows:

20 SEC. 128. FAMILY INVESTMENT PROGRAM GENERAL
21 FUND. There is appropriated from the general fund of
22 the state to the department of human services for the
23 fiscal year beginning July 1, 2016, and ending June 30,
24 2017, the following amount, or so much thereof as is
25 necessary, to be used for the purpose designated:

26 To be credited to the family investment program
27 (FIP) account and used for family investment program
28 assistance under [chapter 239B](#):

29 \$ ~~24,336,937~~
30 48,673,875

31 1. Of the funds appropriated in this section,
32 ~~\$3,701,110~~ \$10,553,408 is allocated for the JOBS
33 program.

34 2. Of the funds appropriated in this section,
35 ~~\$1,656,927~~ \$3,313,854 is allocated for the family

1 development and self-sufficiency grant program.

2 3. Notwithstanding [section 8.39](#), for the fiscal
3 year beginning July 1, 2016, if necessary to meet
4 federal maintenance of effort requirements; or to
5 transfer federal temporary assistance for needy
6 families block grant funding to be used for purposes
7 of the federal social services block grant; or to meet
8 cash flow needs resulting from delays in receiving
9 federal funding; or to implement, in accordance with
10 this division of this Act, activities currently funded
11 with juvenile court services, county, or community
12 moneys and state moneys used in combination with such
13 moneys; to comply with federal requirements; or to
14 maximize the use of federal funds, the department of
15 human services may transfer funds within or between
16 any of the appropriations made in this division of
17 this Act and appropriations in law for the federal
18 social services block grant to the department for the
19 following purposes, provided that the combined amount
20 of state and federal temporary assistance for needy
21 families block grant funding for each appropriation
22 remains the same before and after the transfer:

- 23 a. For the family investment program.
- 24 b. For child care assistance.
- 25 c. For child and family services.
- 26 d. For field operations.
- 27 e. For general administration.
- 28 ~~f. For distribution to counties or regions through~~
29 ~~the property tax relief fund for mental health and~~
30 ~~disability services as provided in an appropriation for~~
31 ~~this purpose.~~

32 This subsection shall not be construed to prohibit
33 the use of existing state transfer authority for other
34 purposes. The department shall report any transfers
35 made pursuant to this subsection to the legislative

1 services agency.

2 4. Of the funds appropriated in this section,
3 ~~\$97,839~~ \$195,678 shall be used for continuation of a
4 grant to an Iowa-based nonprofit organization with a
5 history of providing tax preparation assistance to
6 low-income Iowans in order to expand the usage of the
7 earned income tax credit. The purpose of the grant is
8 to supply this assistance to underserved areas of the
9 state.

10 5. Of the funds appropriated in this section,
11 ~~\$30,000~~ \$60,000 shall be used for the continuation
12 of an unfunded pilot project, as defined in 441 IAC
13 100.1, relating to parental obligations, in which the
14 child support recovery unit participates, to support
15 the efforts of a nonprofit organization committed to
16 strengthening the community through youth development,
17 healthy living, and social responsibility headquartered
18 in a county with a population over 350,000. The funds
19 allocated in this subsection shall be used by the
20 recipient organization to develop a larger community
21 effort, through public and private partnerships,
22 to support a broad-based multi-county fatherhood
23 initiative that promotes payment of child support
24 obligations, improved family relationships, and
25 full-time employment.

26 6. The department may transfer funds appropriated
27 in this section to the appropriations made in this
28 division of this Act for general administration and
29 field operations as necessary to administer this
30 section and the overall family investment program.

31 Sec. 9. 2015 Iowa Acts, chapter 137, section 129,
32 is amended to read as follows:

33 SEC. 129. CHILD SUPPORT RECOVERY. There is
34 appropriated from the general fund of the state to
35 the department of human services for the fiscal year

1 beginning July 1, 2016, and ending June 30, 2017, the
2 following amount, or so much thereof as is necessary,
3 to be used for the purposes designated:

4 For child support recovery, including salaries,
5 support, maintenance, and miscellaneous purposes, and
6 for not more than the following full-time equivalent
7 positions:

8	\$	7,331,686
9		<u>14,663,373</u>
10	FTEs	464.00

11 1. The department shall expend up to ~~\$12,164~~
12 \$24,329, including federal financial participation, for
13 the fiscal year beginning July 1, 2016, for a child
14 support public awareness campaign. The department and
15 the office of the attorney general shall cooperate in
16 continuation of the campaign. The public awareness
17 campaign shall emphasize, through a variety of media
18 activities, the importance of maximum involvement of
19 both parents in the lives of their children as well as
20 the importance of payment of child support obligations.

21 2. Federal access and visitation grant moneys shall
22 be issued directly to private not-for-profit agencies
23 that provide services designed to increase compliance
24 with the child access provisions of court orders,
25 including but not limited to neutral visitation sites
26 and mediation services.

27 3. The appropriation made to the department for
28 child support recovery may be used throughout the
29 fiscal year in the manner necessary for purposes of
30 cash flow management, and for cash flow management
31 purposes the department may temporarily draw more
32 than the amount appropriated, provided the amount
33 appropriated is not exceeded at the close of the fiscal
34 year.

35 4. With the exception of the funding amount

1 specified, the requirements established under 2001
2 Iowa Acts, chapter 191, section 3, subsection 5,
3 paragraph "c", subparagraph (3), shall be applicable
4 to parental obligation pilot projects for the fiscal
5 year beginning July 1, 2016, and ending June 30,
6 2017. Notwithstanding 441 IAC 100.8, providing for
7 termination of rules relating to the pilot projects,
8 the rules shall remain in effect until June 30, 2017.

9 Sec. 10. 2015 Iowa Acts, chapter 137, section 132,
10 is amended to read as follows:

11 SEC. 132. MEDICAL ASSISTANCE. There is
12 appropriated from the general fund of the state to
13 the department of human services for the fiscal year
14 beginning July 1, 2016, and ending June 30, 2017, the
15 following amount, or so much thereof as is necessary,
16 to be used for the purpose designated:

17 For medical assistance program reimbursement and
18 associated costs as specifically provided in the
19 reimbursement methodologies in effect on June 30,
20 2016, except as otherwise expressly authorized by
21 law, consistent with options under federal law and
22 regulations, and contingent upon receipt of approval
23 from the office of the governor of reimbursement for
24 each abortion performed under the program:

25 ~~\$651,595,782~~
26 1,318,246,446

27 1. Iowans support reducing the number of abortions
28 performed in our state. Funds appropriated under
29 this section shall not be used for abortions, unless
30 otherwise authorized under this section.

31 2. The provisions of this section relating to
32 abortions shall also apply to the Iowa health and
33 wellness plan created pursuant to [chapter 249N](#).

34 3. The department shall utilize not more than
35 ~~\$30,000~~ \$60,000 of the funds appropriated in this

1 section to continue the AIDS/HIV health insurance
2 premium payment program as established in 1992 Iowa
3 Acts, Second Extraordinary Session, chapter 1001,
4 section 409, subsection 6. Of the funds allocated in
5 this subsection, not more than ~~\$2,500~~ \$5,000 may be
6 expended for administrative purposes.

7 4. Of the funds appropriated in this Act to the
8 department of public health for addictive disorders,
9 ~~\$475,000~~ \$950,000 for the fiscal year beginning July
10 1, 2016, is transferred to the department of human
11 services for an integrated substance-related disorder
12 managed care system. The department shall not assume
13 management of the substance-related disorder system
14 in place of the managed care contractor unless such
15 a change in approach is specifically authorized in
16 law. The departments of human services and public
17 health shall work together to maintain the level
18 of mental health and substance-related disorder
19 treatment services provided by the managed care
20 ~~contractor through the Iowa plan for behavioral health~~
21 contractors. Each department shall take the steps
22 necessary to continue the federal waivers as necessary
23 to maintain the level of services.

24 5. a. The department shall aggressively pursue
25 options for providing medical assistance or other
26 assistance to individuals with special needs who become
27 ineligible to continue receiving services under the
28 early and periodic screening, diagnostic, and treatment
29 program under the medical assistance program due
30 to becoming 21 years of age who have been approved
31 for additional assistance through the department's
32 exception to policy provisions, but who have health
33 care needs in excess of the funding available through
34 the exception to policy provisions.

35 b. Of the funds appropriated in this section,

1 ~~\$50,000~~ \$100,000 shall be used for participation in one
2 or more pilot projects operated by a private provider
3 to allow the individual or individuals to receive
4 service in the community in accordance with principles
5 established in Olmstead v. L.C., 527 U.S. 581 (1999),
6 for the purpose of providing medical assistance or
7 other assistance to individuals with special needs
8 who become ineligible to continue receiving services
9 under the early and periodic screening, diagnostic, and
10 treatment program under the medical assistance program
11 due to becoming 21 years of age who have been approved
12 for additional assistance through the department's
13 exception to policy provisions, but who have health
14 care needs in excess of the funding available through
15 the exception to the policy provisions.

16 6. Of the funds appropriated in this section, up to
17 ~~\$1,525,041~~ \$3,050,082 may be transferred to the field
18 operations or general administration appropriations
19 in this division of this Act for operational costs
20 associated with Part D of the federal Medicare
21 Prescription Drug Improvement and Modernization Act of
22 2003, Pub. L. No. 108-173.

23 7. Of the funds appropriated in this section,
24 up to ~~\$221,050~~ \$442,100 may be transferred to the
25 appropriation in this division of this Act for medical
26 contracts to be used for clinical assessment services
27 and prior authorization of services.

28 8. A portion of the funds appropriated in this
29 section may be transferred to the appropriations in
30 this division of this Act for general administration,
31 medical contracts, the children's health insurance
32 program, or field operations to be used for the
33 state match cost to comply with the payment error
34 rate measurement (PERM) program for both the medical
35 assistance and children's health insurance programs

1 as developed by the centers for Medicare and Medicaid
2 services of the United States department of health and
3 human services to comply with the federal Improper
4 Payments Information Act of 2002, Pub. L. No. 107-300.

5 9. The department shall continue to implement the
6 recommendations of the assuring better child health
7 and development initiative II (ABCDII) clinical panel
8 to the Iowa early and periodic screening, diagnostic,
9 and treatment services healthy mental development
10 collaborative board regarding changes to billing
11 procedures, codes, and eligible service providers.

12 10. Of the funds appropriated in this section,
13 a sufficient amount is allocated to supplement
14 the incomes of residents of nursing facilities,
15 intermediate care facilities for persons with mental
16 illness, and intermediate care facilities for persons
17 with an intellectual disability, with incomes of less
18 than \$50 in the amount necessary for the residents to
19 receive a personal needs allowance of \$50 per month
20 pursuant to [section 249A.30A](#).

21 ~~11. Of the funds appropriated in this section, the~~
22 ~~following amounts are transferred to the appropriations~~
23 ~~made in this division of this Act for the state mental~~
24 ~~health institutes:~~

25 ~~a. Cherokee mental health institute . \$ 4,549,212~~

26 ~~b. Independence mental health institute~~

27 ~~..... \$ 4,522,947~~

28 12. a. Of the funds appropriated in this section,
29 ~~\$2,041,939~~ \$3,000,000 is allocated for the state
30 match for a disproportionate share hospital payment of
31 ~~\$4,544,712~~ \$6,861,848 to hospitals that meet both of
32 the conditions specified in subparagraphs (1) and (2).
33 In addition, the hospitals that meet the conditions
34 specified shall either certify public expenditures
35 or transfer to the medical assistance program an

1 amount equal to provide the nonfederal share for a
2 disproportionate share hospital payment of ~~\$8,772,003~~
3 \$19,771,582. The hospitals that meet the conditions
4 specified shall receive and retain 100 percent of
5 the total disproportionate share hospital payment of
6 ~~\$13,316,715~~ \$26,633,430.

7 (1) The hospital qualifies for disproportionate
8 share and graduate medical education payments.

9 (2) The hospital is an Iowa state-owned hospital
10 with more than 500 beds and eight or more distinct
11 residency specialty or subspecialty programs recognized
12 by the American college of graduate medical education.

13 b. Distribution of the disproportionate share
14 payments shall be made on a monthly basis. The total
15 amount of disproportionate share payments including
16 graduate medical education, enhanced disproportionate
17 share, and Iowa state-owned teaching hospital payments
18 shall not exceed the amount of the state's allotment
19 under Pub. L. No. 102-234. In addition, the total
20 amount of all disproportionate share payments shall not
21 exceed the hospital-specific disproportionate share
22 limits under Pub. L. No. 103-66.

23 c. The university of Iowa hospitals and clinics
24 shall either certify public expenditures or transfer
25 to the appropriations made in this division of this
26 Act for medical assistance an amount equal to provide
27 the nonfederal share for increased medical assistance
28 payments for inpatient and outpatient hospital services
29 of ~~\$4,950,000~~ \$9,900,000. The university of Iowa
30 hospitals and clinics shall receive and retain 100
31 percent of the total increase in medical assistance
32 payments.

33 d. Payment methodologies utilized for
34 disproportionate share hospitals and graduate medical
35 education, and other supplemental payments under

1 the Medicaid program may be adjusted or converted to
2 other methodologies or payment types to provide these
3 payments ~~through Medicaid managed care~~ after April 1,
4 2016. The department of human services shall obtain
5 approval from the centers for Medicare and Medicaid
6 services of the United States department of health and
7 human services prior to implementation of any such
8 adjusted or converted methodologies or payment types.

9 13. One hundred percent of the nonfederal share of
10 payments to area education agencies that are medical
11 assistance providers for medical assistance-covered
12 services provided to medical assistance-covered
13 children, shall be made from the appropriation made in
14 this section.

15 14. Any new or renewed contract entered into by the
16 department with a third party to administer services
17 under the medical assistance program shall provide
18 that any interest earned on payments from the state
19 during the state fiscal year shall be remitted to the
20 department and treated as recoveries to offset the
21 costs of the medical assistance program.

22 15. A portion of the funds appropriated in this
23 section may be transferred to the appropriation in this
24 division of this Act for medical contracts to be used
25 for administrative activities associated with the money
26 follows the person demonstration project.

27 16. Of the funds appropriated in this section,
28 ~~\$174,505~~ \$349,011 shall be used for the administration
29 of the health insurance premium payment program,
30 including salaries, support, maintenance, and
31 miscellaneous purposes.

32 17. a. The department may increase the amounts
33 allocated for salaries, support, maintenance, and
34 miscellaneous purposes associated with the medical
35 assistance program, as necessary, to implement cost

1 containment strategies. The department shall report
2 any such increase to the legislative services agency
3 and the department of management.

4 b. If the savings to the medical assistance program
5 from cost containment efforts exceed the cost for the
6 fiscal year beginning July 1, 2016, the department may
7 transfer any savings generated for the fiscal year due
8 to medical assistance program cost containment efforts
9 to the appropriation made in this division of this Act
10 for medical contracts or general administration to
11 defray the increased contract costs associated with
12 implementing such efforts.

13 18. For the fiscal year beginning July 1, 2016,
14 and ending June 30, 2017, the replacement generation
15 tax revenues required to be deposited in the property
16 tax relief fund pursuant to section 437A.8, subsection
17 4, paragraph "d", and section 437A.15, subsection
18 3, paragraph "f", shall instead be credited to and
19 supplement the appropriation made in this section and
20 used for the allocations made in this section.

21 ~~19. The department shall continue to administer the~~
22 ~~state balancing incentive payments program as specified~~
23 ~~in 2012 Iowa Acts, chapter 1133, section 14.~~

24 20. a. Of the funds appropriated in this section,
25 up to ~~\$25,000~~ \$50,000 may be transferred by the
26 department to the appropriation made in this division
27 of this Act to the department for the same fiscal year
28 for general administration to be used for associated
29 administrative expenses and for not more than one
30 full-time equivalent position, in addition to those
31 authorized for the same fiscal year, to be assigned to
32 implementing the children's mental health home project.

33 b. Of the funds appropriated in this section,
34 up to ~~\$200,000~~ \$400,000 may be transferred by the
35 department to the appropriation made to the department

1 in this division of this Act for the same fiscal year
2 for Medicaid program-related general administration
3 planning and implementation activities. The funds may
4 be used for contracts or for personnel in addition
5 to the amounts appropriated for and the positions
6 authorized for general administration for the fiscal
7 year.

8 c. Of the funds appropriated in this section,
9 up to ~~\$1,500,000~~ \$3,000,000 may be transferred by
10 the department to the appropriations made in this
11 division of this Act for the same fiscal year for
12 general administration or medical contracts to be
13 used to support the development and implementation of
14 standardized assessment tools for persons with mental
15 illness, an intellectual disability, a developmental
16 disability, or a brain injury.

17 21. Of the funds appropriated in this section,
18 ~~\$125,000~~ \$250,000 shall be used for lodging expenses
19 associated with care provided at the university of
20 Iowa hospitals and clinics for patients with cancer
21 whose travel distance is 30 miles or more and whose
22 income is at or below 200 percent of the federal
23 poverty level as defined by the most recently revised
24 poverty income guidelines published by the United
25 States department of health and human services. The
26 department of human services shall establish the
27 maximum number of overnight stays and the maximum rate
28 reimbursed for overnight lodging, which may be based on
29 the state employee rate established by the department
30 of administrative services. The funds allocated in
31 this subsection shall not be used as nonfederal share
32 matching funds.

33 23. The department of human services shall not
34 implement the following cost containment strategies
35 as recommended by the governor for the fiscal year

1 beginning July 1, 2016:

2 a. A policy to ensure that reimbursement for
3 Medicare Part A and Medicare Part B crossover claims is
4 limited to the Medicaid reimbursement rate.

5 b. An adjustment to the reimbursement policy in
6 order to end the primary care physician rate increase
7 originally authorized by the federal Health Care and
8 Education Reconciliation Act of 2010, section 1202,
9 Pub. L. No. 111-152, 42 U.S.C. §1396a(a)(13)(C) that
10 allows qualified primary care physicians to receive
11 the greater of the Medicare rate or Medicaid rate for
12 a specified set of codes.

13 24. The department shall report the implementation
14 of any cost containment strategies to the individuals
15 specified in this division of this Act for submission
16 of reports upon implementation.

17 25. The department shall report the implementation
18 of any improved processing changes and any related
19 cost reductions to the individuals specified in this
20 division of this Act for submission of reports upon
21 implementation.

22 26. Of the funds appropriated in this section,
23 \$2,000,000 shall be used to implement reductions in
24 the waiting lists of all medical assistance home and
25 community-based services waivers.

26 27. The department shall submit a report to the
27 individuals identified in this Act for submission of
28 reports, regarding the impact of changes in home and
29 community-based services waiver supported employment
30 and prevocational services by December 15, 2016.

31 28. Any dental benefit manager contracting with the
32 department of human services for the dental wellness
33 plan on or after July 1, 2016, shall meet the same
34 contract requirements. Readiness review of such a
35 dental benefit manager shall be based on the criteria

1 certification activities performed by the department
2 of inspections and appeals. The department of human
3 services is solely responsible for distributing the
4 federal matching funds for such activities.

5 2. Of the funds appropriated in this section,
6 ~~\$25,000~~ \$50,000 shall be used for continuation of home
7 and community-based services waiver quality assurance
8 programs, including the review and streamlining of
9 processes and policies related to oversight and quality
10 management to meet state and federal requirements.

11 3. Of the amount appropriated in this section,
12 up to ~~\$100,000~~ \$200,000 may be transferred to the
13 appropriation for general administration in this
14 division of this Act to be used for additional
15 full-time equivalent positions in the development
16 of key health initiatives such as cost containment,
17 development and oversight of managed care programs,
18 and development of health strategies targeted toward
19 improved quality and reduced costs in the Medicaid
20 program.

21 4. Of the funds appropriated in this section,
22 ~~\$500,000~~ \$1,000,000 shall be used for planning and
23 development, in cooperation with the department of
24 public health, of a phased-in program to provide a
25 dental home for children.

26 5. Of the funds appropriated in this section,
27 ~~\$1,000,000~~ \$2,000,000 shall be credited to the autism
28 support program fund created in section 225D.2 to be
29 used for the autism support program created in chapter
30 225D, with the exception of the following amounts of
31 this allocation which shall be used as follows:

32 a. Of the funds allocated in this subsection,
33 ~~\$125,000~~ \$250,000 shall be deposited in the
34 board-certified behavior analyst and board-certified
35 assistant behavior analyst grants program fund created

1 in [section 135.181](#), ~~as enacted in this Act~~, to be used
2 for the purposes of the fund.

3 b. Of the funds allocated in this subsection,
4 ~~\$12,500~~ \$25,000 shall be used for the public purpose
5 of continuation of a grant to a child welfare services
6 provider headquartered in a county with a population
7 between 205,000 and 215,000 in the latest certified
8 federal census that provides multiple services
9 including but not limited to a psychiatric medical
10 institution for children, shelter, residential
11 treatment, after school programs, school-based
12 programming, and an Asperger's syndrome program, to
13 be used for support services for children with autism
14 spectrum disorder and their families.

15 c. Of the funds allocated in this subsection,
16 ~~\$12,500~~ \$25,000 shall be used for the public purpose
17 of continuing a grant to a hospital-based provider
18 headquartered in a county with a population between
19 90,000 and 95,000 in the latest certified federal
20 census that provides multiple services including but
21 not limited to diagnostic, therapeutic, and behavioral
22 services to individuals with autism spectrum disorder
23 across one's lifespan. The grant recipient shall
24 utilize the funds to continue the pilot project to
25 determine the necessary support services for children
26 with autism spectrum disorder and their families to
27 be included in the children's disabilities services
28 system. The grant recipient shall submit findings and
29 recommendations based upon the results of the pilot
30 project to the individuals specified in this division
31 of this Act for submission of reports by December 31,
32 ~~2015~~ 2016.

33 Sec. 12. 2015 Iowa Acts, chapter 137, section 134,
34 is amended to read as follows:

35 SEC. 134. STATE SUPPLEMENTARY ASSISTANCE.

1 1. There is appropriated from the general fund of
2 the state to the department of human services for the
3 fiscal year beginning July 1, 2016, and ending June 30,
4 2017, the following amount, or so much thereof as is
5 necessary, to be used for the purpose designated:

6 For the state supplementary assistance program:

7 \$ ~~6,498,593~~
8 11,611,442

9 2. The department shall increase the personal needs
10 allowance for residents of residential care facilities
11 by the same percentage and at the same time as federal
12 supplemental security income and federal social
13 security benefits are increased due to a recognized
14 increase in the cost of living. The department may
15 adopt emergency rules to implement this subsection.

16 3. If during the fiscal year beginning July 1,
17 2016, the department projects that state supplementary
18 assistance expenditures for a calendar year will not
19 meet the federal pass-through requirement specified
20 in Tit. XVI of the federal Social Security Act,
21 section 1618, as codified in 42 U.S.C. §1382g,
22 the department may take actions including but not
23 limited to increasing the personal needs allowance
24 for residential care facility residents and making
25 programmatic adjustments or upward adjustments of the
26 residential care facility or in-home health-related
27 care reimbursement rates prescribed in this division of
28 this Act to ensure that federal requirements are met.
29 In addition, the department may make other programmatic
30 and rate adjustments necessary to remain within the
31 amount appropriated in this section while ensuring
32 compliance with federal requirements. The department
33 may adopt emergency rules to implement the provisions
34 of this subsection.

35 Sec. 13. 2015 Iowa Acts, chapter 137, section 135,

1 is amended to read as follows:

2 SEC. 135. CHILDREN'S HEALTH INSURANCE PROGRAM.

3 1. There is appropriated from the general fund of
4 the state to the department of human services for the
5 fiscal year beginning July 1, 2016, and ending June 30,
6 2017, the following amount, or so much thereof as is
7 necessary, to be used for the purpose designated:

8 For maintenance of the healthy and well kids in Iowa
9 (hawk-i) program pursuant to [chapter 514I](#), including
10 supplemental dental services, for receipt of federal
11 financial participation under Tit. XXI of the federal
12 Social Security Act, which creates the children's
13 health insurance program:

14 \$ ~~10,206,922~~
15 9,176,652

16 2. Of the funds appropriated in this section,
17 ~~\$21,400~~ \$42,800 is allocated for continuation of the
18 contract for outreach with the department of public
19 health.

20 Sec. 14. 2015 Iowa Acts, chapter 137, section 136,
21 is amended to read as follows:

22 SEC. 136. CHILD CARE ASSISTANCE. There is
23 appropriated from the general fund of the state to
24 the department of human services for the fiscal year
25 beginning July 1, 2016, and ending June 30, 2017, the
26 following amount, or so much thereof as is necessary,
27 to be used for the purpose designated:

28 For child care programs:

29 \$ ~~25,704,334~~
30 36,389,561

31 1. Of the funds appropriated in this section,
32 ~~\$21,844,620~~ \$30,039,561 shall be used for state child
33 care assistance in accordance with [section 237A.13](#).

34 2. Nothing in this section shall be construed or
35 is intended as or shall imply a grant of entitlement

1 for services to persons who are eligible for assistance
2 due to an income level consistent with the waiting
3 list requirements of [section 237A.13](#). Any state
4 obligation to provide services pursuant to this section
5 is limited to the extent of the funds appropriated in
6 this section.

7 ~~3. Of the funds appropriated in this section,~~
8 ~~\$216,226 is allocated for the statewide grant program~~
9 ~~for child care resource and referral services under~~
10 ~~[section 237A.26](#).~~ A list of the registered and licensed
11 child care facilities operating in the area served by a
12 child care resource and referral service shall be made
13 available to the families receiving state child care
14 assistance in that area.

15 ~~4. Of the funds appropriated in this section,~~
16 ~~\$468,487 is allocated for child care quality~~
17 ~~improvement initiatives including but not limited to~~
18 ~~the voluntary quality rating system in accordance with~~
19 ~~[section 237A.30](#).~~

20 5. Of the funds appropriated in this section,
21 ~~\$3,175,000~~ \$6,350,000 shall be credited to the
22 early childhood programs grants account in the early
23 childhood Iowa fund created in [section 256I.11](#).
24 The moneys shall be distributed for funding of
25 community-based early childhood programs targeted to
26 children from birth through five years of age developed
27 by early childhood Iowa areas in accordance with
28 approved community plans as provided in [section 256I.8](#).

29 6. The department may use any of the funds
30 appropriated in this section as a match to obtain
31 federal funds for use in expanding child care
32 assistance and related programs. For the purpose of
33 expenditures of state and federal child care funding,
34 funds shall be considered obligated at the time
35 expenditures are projected or are allocated to the

1 department's service areas. Projections shall be based
2 on current and projected caseload growth, current and
3 projected provider rates, staffing requirements for
4 eligibility determination and management of program
5 requirements including data systems management,
6 staffing requirements for administration of the
7 program, contractual and grant obligations and any
8 transfers to other state agencies, and obligations for
9 decategorization or innovation projects.

10 7. A portion of the state match for the federal
11 child care and development block grant shall be
12 provided as necessary to meet federal matching
13 funds requirements through the state general fund
14 appropriation made for child development grants and
15 other programs for at-risk children in [section 279.51](#).

16 8. If a uniform reduction ordered by the governor
17 under [section 8.31](#) or other operation of law,
18 transfer, or federal funding reduction reduces the
19 appropriation made in this section for the fiscal year,
20 the percentage reduction in the amount paid out to or
21 on behalf of the families participating in the state
22 child care assistance program shall be equal to or
23 less than the percentage reduction made for any other
24 purpose payable from the appropriation made in this
25 section and the federal funding relating to it. The
26 percentage reduction to the other allocations made in
27 this section shall be the same as the uniform reduction
28 ordered by the governor or the percentage change of the
29 federal funding reduction, as applicable. If there is
30 an unanticipated increase in federal funding provided
31 for state child care assistance, the entire amount
32 of the increase shall be used for state child care
33 assistance payments. If the appropriations made for
34 purposes of the state child care assistance program for
35 the fiscal year are determined to be insufficient, it

1 is the intent of the general assembly to appropriate
2 sufficient funding for the fiscal year in order to
3 avoid establishment of waiting list requirements.

4 9. Notwithstanding [section 8.33](#), moneys advanced
5 for purposes of the programs developed by early
6 childhood Iowa areas, advanced for purposes of
7 wraparound child care, or received from the federal
8 appropriations made for the purposes of this section
9 that remain unencumbered or unobligated at the close
10 of the fiscal year shall not revert to any fund but
11 shall remain available for expenditure for the purposes
12 designated until the close of the succeeding fiscal
13 year.

14 Sec. 15. 2015 Iowa Acts, chapter 137, section 137,
15 is amended to read as follows:

16 SEC. 137. JUVENILE INSTITUTION. There is
17 appropriated from the general fund of the state to
18 the department of human services for the fiscal year
19 beginning July 1, 2016, and ending June 30, 2017, the
20 following amounts, or so much thereof as is necessary,
21 to be used for the purposes designated:

22 1. For operation of the state training school at
23 Eldora and for salaries, support, maintenance, and
24 miscellaneous purposes, and for not more than the
25 following full-time equivalent positions:

26	\$	6,116,710
27		<u>12,233,420</u>
28	FTEs	169.30

29 Of the funds appropriated in this subsection,
30 ~~\$45,575~~ \$91,150 shall be used for distribution
31 to licensed classroom teachers at this and other
32 institutions under the control of the department of
33 human services based upon the average student yearly
34 enrollment at each institution as determined by the
35 department.

1 2. A portion of the moneys appropriated in this
2 section shall be used by the state training school at
3 Eldora for grants for adolescent pregnancy prevention
4 activities at the institution in the fiscal year
5 beginning July 1, 2016.

6 Sec. 16. 2015 Iowa Acts, chapter 137, section 138,
7 is amended to read as follows:

8 SEC. 138. CHILD AND FAMILY SERVICES.

9 1. There is appropriated from the general fund of
10 the state to the department of human services for the
11 fiscal year beginning July 1, 2016, and ending June 30,
12 2017, the following amount, or so much thereof as is
13 necessary, to be used for the purpose designated:

14 For child and family services:

15 \$ ~~42,670,969~~
16 84,482,419

17 2. ~~Up to \$2,600,000 of Of~~ the amount of ~~federal~~
18 ~~temporary assistance for needy families block grant~~
19 ~~funding appropriated in this division of this Act for~~
20 ~~child and family services section, \$5,200,000~~ shall be
21 ~~made available~~ used for purposes of juvenile delinquent
22 graduated sanction services.

23 3. The department may transfer funds appropriated
24 in this section as necessary to pay the nonfederal
25 costs of services reimbursed under the medical
26 assistance program, state child care assistance
27 program, or the family investment program which are
28 provided to children who would otherwise receive
29 services paid under the appropriation in this section.
30 The department may transfer funds appropriated in this
31 section to the appropriations made in this division
32 of this Act for general administration and for field
33 operations for resources necessary to implement and
34 operate the services funded in this section.

35 4. a. Of the funds appropriated in this section,

1 up to ~~\$17,910,893~~ \$35,736,649 is allocated as the
2 statewide expenditure target under [section 232.143](#)
3 for group foster care maintenance and services. If
4 the department projects that such expenditures for
5 the fiscal year will be less than the target amount
6 allocated in this paragraph "a", the department may
7 reallocate the excess to provide additional funding for
8 shelter care or the child welfare emergency services
9 addressed with the allocation for shelter care.

10 b. If at any time after September 30, 2016,
11 annualization of a service area's current expenditures
12 indicates a service area is at risk of exceeding its
13 group foster care expenditure target under section
14 232.143 by more than 5 percent, the department and
15 juvenile court services shall examine all group
16 foster care placements in that service area in order
17 to identify those which might be appropriate for
18 termination. In addition, any aftercare services
19 believed to be needed for the children whose
20 placements may be terminated shall be identified. The
21 department and juvenile court services shall initiate
22 action to set dispositional review hearings for the
23 placements identified. In such a dispositional review
24 hearing, the juvenile court shall determine whether
25 needed aftercare services are available and whether
26 termination of the placement is in the best interest of
27 the child and the community.

28 5. In accordance with the provisions of section
29 232.188, the department shall continue the child
30 welfare and juvenile justice funding initiative during
31 fiscal year 2016-2017. Of the funds appropriated
32 in this section, ~~\$858,876~~ \$1,717,753 is allocated
33 specifically for expenditure for fiscal year 2016-2017
34 through the decategorization services funding pools
35 and governance boards established pursuant to section

1 232.188.

2 6. A portion of the funds appropriated in this
3 section may be used for emergency family assistance
4 to provide other resources required for a family
5 participating in a family preservation or reunification
6 project or successor project to stay together or to be
7 reunified.

8 7. Notwithstanding [section 234.35](#) or any other
9 provision of law to the contrary, state funding for
10 shelter care and the child welfare emergency services
11 contracting implemented to provide for or prevent the
12 need for shelter care shall be limited to ~~\$4,034,237~~
13 \$8,096,158.

14 8. Federal funds received by the state during
15 the fiscal year beginning July 1, 2016, as the
16 result of the expenditure of state funds appropriated
17 during a previous state fiscal year for a service or
18 activity funded under this section are appropriated
19 to the department to be used as additional funding
20 for services and purposes provided for under this
21 section. Notwithstanding [section 8.33](#), moneys
22 received in accordance with this subsection that remain
23 unencumbered or unobligated at the close of the fiscal
24 year shall not revert to any fund but shall remain
25 available for the purposes designated until the close
26 of the succeeding fiscal year.

27 9. a. Of the funds appropriated in this section,
28 up to ~~\$1,645,000~~ \$3,290,000 is allocated for the
29 payment of the expenses of court-ordered services
30 provided to juveniles who are under the supervision of
31 juvenile court services, which expenses are a charge
32 upon the state pursuant to section 232.141, subsection
33 4. Of the amount allocated in this paragraph "a",
34 up to ~~\$778,143~~ \$1,556,287 shall be made available
35 to provide school-based supervision of children

1 adjudicated under [chapter 232](#), of which not more than
2 ~~\$7,500~~ \$15,000 may be used for the purpose of training.
3 A portion of the cost of each school-based liaison
4 officer shall be paid by the school district or other
5 funding source as approved by the chief juvenile court
6 officer.

7 b. Of the funds appropriated in this section, up to
8 ~~\$374,492~~ \$748,985 is allocated for the payment of the
9 expenses of court-ordered services provided to children
10 who are under the supervision of the department,
11 which expenses are a charge upon the state pursuant to
12 section 232.141, subsection 4.

13 c. Notwithstanding [section 232.141](#) or any other
14 provision of law to the contrary, the amounts allocated
15 in this subsection shall be distributed to the
16 judicial districts as determined by the state court
17 administrator and to the department's service areas
18 as determined by the administrator of the department
19 of human services' division of child and family
20 services. The state court administrator and the
21 division administrator shall make the determination of
22 the distribution amounts on or before June 15, 2016.

23 d. Notwithstanding [chapter 232](#) or any other
24 provision of law to the contrary, a district or
25 juvenile court shall not order any service which is
26 a charge upon the state pursuant to [section 232.141](#)
27 if there are insufficient court-ordered services
28 funds available in the district court or departmental
29 service area distribution amounts to pay for the
30 service. The chief juvenile court officer and the
31 departmental service area manager shall encourage use
32 of the funds allocated in this subsection such that
33 there are sufficient funds to pay for all court-related
34 services during the entire year. The chief juvenile
35 court officers and departmental service area managers

1 shall attempt to anticipate potential surpluses and
2 shortfalls in the distribution amounts and shall
3 cooperatively request the state court administrator
4 or division administrator to transfer funds between
5 the judicial districts' or departmental service areas'
6 distribution amounts as prudent.

7 e. Notwithstanding any provision of law to the
8 contrary, a district or juvenile court shall not order
9 a county to pay for any service provided to a juvenile
10 pursuant to an order entered under [chapter 232](#) which
11 is a charge upon the state under section 232.141,
12 subsection 4.

13 f. Of the funds allocated in this subsection, not
14 more than ~~\$41,500~~ \$83,000 may be used by the judicial
15 branch for administration of the requirements under
16 this subsection.

17 g. Of the funds allocated in this subsection,
18 ~~\$8,500~~ \$17,000 shall be used by the department of human
19 services to support the interstate commission for
20 juveniles in accordance with the interstate compact for
21 juveniles as provided in [section 232.173](#).

22 10. Of the funds appropriated in this section,
23 ~~\$4,026,613~~ \$8,053,227 is allocated for juvenile
24 delinquent graduated sanctions services. Any state
25 funds saved as a result of efforts by juvenile court
26 services to earn a federal Tit. IV-E match for juvenile
27 court services administration may be used for the
28 juvenile delinquent graduated sanctions services.

29 11. Of the funds appropriated in this section,
30 ~~\$804,142~~ \$1,658,285 is transferred to the department
31 of public health to be used for the child protection
32 center grant program for child protection centers
33 located in Iowa in accordance with [section 135.118](#).
34 The grant amounts under the program shall be equalized
35 so that each center receives a uniform base amount

1 of ~~\$122,500~~ \$245,000, so that \$50,000 is awarded to
2 establish a satellite child protection center in a
3 city in north central Iowa that is the county seat of
4 a county with a population between 44,000 and 45,000
5 according to the 2010 federal decennial census, and so
6 that the remaining funds shall be are awarded through
7 a funding formula based upon the volume of children
8 served.

9 12. If the department receives federal approval
10 to implement a waiver under Tit. IV-E of the federal
11 Social Security Act to enable providers to serve
12 children who remain in the children's families and
13 communities, for purposes of eligibility under the
14 medical assistance program through 25 years of age,
15 children who participate in the waiver shall be
16 considered to be placed in foster care.

17 13. Of the funds appropriated in this section,
18 ~~\$2,012,583~~ \$4,025,167 is allocated for the preparation
19 for adult living program pursuant to [section 234.46](#).

20 14. Of the funds appropriated in this section,
21 ~~\$113,668~~ \$227,337 shall be used for the public purpose
22 of continuing a grant to a nonprofit human services
23 organization providing services to individuals and
24 families in multiple locations in southwest Iowa and
25 Nebraska for support of a project providing immediate,
26 sensitive support and forensic interviews, medical
27 exams, needs assessments, and referrals for victims of
28 child abuse and their nonoffending family members.

29 15. Of the funds appropriated in this section,
30 ~~\$150,310~~ \$300,620 is allocated for the foster care
31 youth council approach of providing a support network
32 to children placed in foster care.

33 16. Of the funds appropriated in this section,
34 ~~\$101,000~~ \$202,000 is allocated for use pursuant to
35 section 235A.1 for continuation of the initiative to

1 address child sexual abuse implemented pursuant to 2007
2 Iowa Acts, chapter 218, section 18, subsection 21.

3 17. Of the funds appropriated in this section,
4 ~~\$315,120~~ \$630,240 is allocated for the community
5 partnership for child protection sites.

6 18. Of the funds appropriated in this section,
7 ~~\$185,625~~ \$371,250 is allocated for the department's
8 minority youth and family projects under the redesign
9 of the child welfare system.

10 19. Of the funds appropriated in this section,
11 ~~\$593,297~~ \$1,186,595 is allocated for funding of the
12 community circle of care collaboration for children and
13 youth in northeast Iowa.

14 20. Of the funds appropriated in this section,
15 at least ~~\$73,579~~ \$147,158 shall be used for the
16 continuation of the child welfare provider training
17 academy, a collaboration between the coalition
18 for family and children's services in Iowa and the
19 department.

20 21. Of the funds appropriated in this section,
21 ~~\$105,936~~ \$211,872 shall be used for continuation of the
22 central Iowa system of care program grant through June
23 30, 2017.

24 22. Of the funds appropriated in this section,
25 ~~\$117,500~~ \$235,000 shall be used for the public
26 purpose of the continuation and expansion of a system
27 of care program grant implemented in Cerro Gordo
28 and Linn counties to utilize a comprehensive and
29 long-term approach for helping children and families by
30 addressing the key areas in a child's life of childhood
31 basic needs, education and work, family, and community.

32 23. Of the funds appropriated in this section, at
33 least ~~\$12,500~~ \$25,000 shall be used to continue and
34 to expand the foster care respite pilot program in
35 which postsecondary students in social work and other

1 human services-related programs receive experience by
2 assisting family foster care providers with respite and
3 other support.

4 24. Of the funds appropriated in this section,
5 ~~\$55,000~~ \$110,000 shall be used for the public purpose
6 of funding community-based services and other supports
7 with a system of care approach for children with a
8 serious emotional disturbance and their families
9 through a nonprofit provider of child welfare services
10 that has been in existence for more than 115 years,
11 is located in a county with a population of more
12 than 200,000 but less than 220,000 according to the
13 latest census information issued by the United States
14 census bureau, is licensed as a psychiatric medical
15 institution for children, and was a system of care
16 grantee prior to July 1, 2016.

17 Sec. 17. 2015 Iowa Acts, chapter 137, section 139,
18 is amended to read as follows:

19 SEC. 139. ADOPTION SUBSIDY.

20 1. There is appropriated from the general fund of
21 the state to the department of human services for the
22 fiscal year beginning July 1, 2016, and ending June 30,
23 2017, the following amount, or so much thereof as is
24 necessary, to be used for the purpose designated:

25 a. For adoption subsidy payments and services:

26 \$ ~~21,499,143~~
27 43,046,664

28 b. (1) The funds appropriated in this section
29 shall be used as authorized or allowed by federal law
30 or regulation for any of the following purposes:

31 (a) For adoption subsidy payments and related
32 costs.

33 (b) For post-adoption services and for other
34 purposes under Tit. IV-B or Tit. IV-E of the federal
35 Social Security Act.

1 (2) The department of human services may transfer
2 funds appropriated in this subsection to the
3 appropriation for child and family services in this Act
4 for the purposes of post-adoption services as specified
5 in this paragraph "b".

6 2. The department may transfer funds appropriated
7 in this section to the appropriation made in this
8 division of this Act for general administration for
9 costs paid from the appropriation relating to adoption
10 subsidy.

11 3. Federal funds received by the state during the
12 fiscal year beginning July 1, 2016, as the result of
13 the expenditure of state funds during a previous state
14 fiscal year for a service or activity funded under
15 this section are appropriated to the department to
16 be used as additional funding for the services and
17 activities funded under this section. Notwithstanding
18 section 8.33, moneys received in accordance with this
19 subsection that remain unencumbered or unobligated at
20 the close of the fiscal year shall not revert to any
21 fund but shall remain available for expenditure for the
22 purposes designated until the close of the succeeding
23 fiscal year.

24 Sec. 18. 2015 Iowa Acts, chapter 137, section 141,
25 is amended to read as follows:

26 SEC. 141. FAMILY SUPPORT SUBSIDY PROGRAM.

27 1. There is appropriated from the general fund of
28 the state to the department of human services for the
29 fiscal year beginning July 1, 2016, and ending June 30,
30 2017, the following amount, or so much thereof as is
31 necessary, to be used for the purpose designated:

32 For the family support subsidy program subject
33 to the enrollment restrictions in section 225C.37,
34 subsection 3:

35 \$ ~~536,966~~

1 1,069,282

2 2. ~~The department shall use at~~ At least \$320,750

3 \$727,500 of the moneys appropriated in this section is

4 transferred to the department of public health for the

5 family support center component of the comprehensive

6 family support program under section 225C.47 chapter

7 225C, subchapter V. Not more than \$12,500 of the

8 ~~amount allocated in this subsection shall be used for~~

9 ~~administrative costs.~~ The department of human services

10 shall submit a report to the individuals identified

11 in this Act for submission of reports by December

12 15, 2016, regarding the outcomes of the program and

13 recommendations for future program improvement.

14 3. If at any time during the fiscal year, the

15 amount of funding available for the family support

16 subsidy program is reduced from the amount initially

17 used to establish the figure for the number of family

18 members for whom a subsidy is to be provided at any one

19 time during the fiscal year, notwithstanding section

20 225C.38, subsection 2, the department shall revise the

21 figure as necessary to conform to the amount of funding

22 available.

23 Sec. 19. 2015 Iowa Acts, chapter 137, section 142,

24 is amended to read as follows:

25 SEC. 142. CONNER DECREE. There is appropriated

26 from the general fund of the state to the department of

27 human services for the fiscal year beginning July 1,

28 2016, and ending June 30, 2017, the following amount,

29 or so much thereof as is necessary, to be used for the

30 purpose designated:

31 For building community capacity through the

32 coordination and provision of training opportunities

33 in accordance with the consent decree of Conner v.

34 Branstad, No. 4-86-CV-30871(S.D. Iowa, July 14, 1994):

35 \$ ~~16,816~~

1 33,632

2 Sec. 20. 2015 Iowa Acts, chapter 137, section 143,
3 is amended to read as follows:

4 SEC. 143. MENTAL HEALTH INSTITUTES. There is
5 appropriated from the general fund of the state to
6 the department of human services for the fiscal year
7 beginning July 1, 2016, and ending June 30, 2017, the
8 following amounts, or so much thereof as is necessary,
9 to be used for the purposes designated ~~which amounts~~
10 ~~shall not be transferred or expended for any purpose~~
11 ~~other than the purposes designated, notwithstanding~~
12 ~~section 218.6 to the contrary:~~

13 1. For operation of the state mental health
14 institute at Cherokee as required by chapters 218
15 and 226 for salaries, support, maintenance, and
16 miscellaneous purposes, and for not more than the
17 following full-time equivalent positions:

18 \$ ~~2,772,808~~
19 14,644,041
20 FTEs 169.20

21 2. For operation of the state mental health
22 institute at Independence as required by chapters
23 218 and 226 for salaries, support, maintenance, and
24 miscellaneous purposes, and for not more than the
25 following full-time equivalent positions:

26 \$ ~~5,162,104~~
27 18,552,103
28 FTEs 233.00

29 Sec. 21. 2015 Iowa Acts, chapter 137, section 144,
30 is amended to read as follows:

31 SEC. 144. STATE RESOURCE CENTERS.

32 1. There is appropriated from the general fund of
33 the state to the department of human services for the
34 fiscal year beginning July 1, 2016, and ending June 30,
35 2017, the following amounts, or so much thereof as is

1 necessary, to be used for the purposes designated:

2 a. For the state resource center at Glenwood for
3 salaries, support, maintenance, and miscellaneous
4 purposes:

5 \$ ~~10,762,241~~
6 20,719,486

7 b. For the state resource center at Woodward for
8 salaries, support, maintenance, and miscellaneous
9 purposes:

10 \$ ~~7,291,903~~
11 14,053,011

12 2. The department may continue to bill for state
13 resource center services utilizing a scope of services
14 approach used for private providers of intermediate
15 care facilities for persons with an intellectual
16 disability services, in a manner which does not shift
17 costs between the medical assistance program, counties,
18 or other sources of funding for the state resource
19 centers.

20 3. The state resource centers may expand the
21 time-limited assessment and respite services during the
22 fiscal year.

23 4. If the department's administration and the
24 department of management concur with a finding by a
25 state resource center's superintendent that projected
26 revenues can reasonably be expected to pay the salary
27 and support costs for a new employee position, or
28 that such costs for adding a particular number of new
29 positions for the fiscal year would be less than the
30 overtime costs if new positions would not be added, the
31 superintendent may add the new position or positions.
32 If the vacant positions available to a resource center
33 do not include the position classification desired to
34 be filled, the state resource center's superintendent
35 may reclassify any vacant position as necessary to

1 fill the desired position. The superintendents of the
2 state resource centers may, by mutual agreement, pool
3 vacant positions and position classifications during
4 the course of the fiscal year in order to assist one
5 another in filling necessary positions.

6 5. If existing capacity limitations are reached
7 in operating units, a waiting list is in effect
8 for a service or a special need for which a payment
9 source or other funding is available for the service
10 or to address the special need, and facilities for
11 the service or to address the special need can be
12 provided within the available payment source or other
13 funding, the superintendent of a state resource center
14 may authorize opening not more than two units or
15 other facilities and begin implementing the service
16 or addressing the special need during fiscal year
17 2016-2017.

18 Sec. 22. 2015 Iowa Acts, chapter 137, section 145,
19 is amended to read as follows:

20 SEC. 145. SEXUALLY VIOLENT PREDATORS.

21 1. There is appropriated from the general fund of
22 the state to the department of human services for the
23 fiscal year beginning July 1, 2016, and ending June 30,
24 2017, the following amount, or so much thereof as is
25 necessary, to be used for the purpose designated:

26 For costs associated with the commitment and
27 treatment of sexually violent predators in the unit
28 located at the state mental health institute at
29 Cherokee, including costs of legal services and
30 other associated costs, including salaries, support,
31 maintenance, and miscellaneous purposes, and for not
32 more than the following full-time equivalent positions:
33 \$ ~~4,946,539~~
34 10,193,079
35 FTEs 132.50

1 2. Unless specifically prohibited by law, if the
2 amount charged provides for recoupment of at least
3 the entire amount of direct and indirect costs, the
4 department of human services may contract with other
5 states to provide care and treatment of persons placed
6 by the other states at the unit for sexually violent
7 predators at Cherokee. The moneys received under such
8 a contract shall be considered to be repayment receipts
9 and used for the purposes of the appropriation made in
10 this section.

11 Sec. 23. 2015 Iowa Acts, chapter 137, section 146,
12 is amended to read as follows:

13 SEC. 146. FIELD OPERATIONS. There is appropriated
14 from the general fund of the state to the department of
15 human services for the fiscal year beginning July 1,
16 2016, and ending June 30, 2017, the following amount,
17 or so much thereof as is necessary, to be used for the
18 purposes designated:

19 For field operations, including salaries, support,
20 maintenance, and miscellaneous purposes, and for not
21 more than the following full-time equivalent positions:
22 \$ ~~29,460,488~~
23 54,442,877
24 FTEs 1,837.00

25 2. Priority in filling full-time equivalent
26 positions shall be given to those positions related to
27 child protection services and eligibility determination
28 for low-income families.

29 Sec. 24. 2015 Iowa Acts, chapter 137, section 147,
30 is amended to read as follows:

31 SEC. 147. GENERAL ADMINISTRATION. There is
32 appropriated from the general fund of the state to
33 the department of human services for the fiscal year
34 beginning July 1, 2016, and ending June 30, 2017, the
35 following amount, or so much thereof as is necessary,

1 to be used for the purpose designated:

2 For general administration, including salaries,
3 support, maintenance, and miscellaneous purposes, and
4 for not more than the following full-time equivalent
5 positions:

6	\$	7,449,099
7		<u>15,673,198</u>
8	FTEs	309.00

9 2. Of the funds appropriated in this section,
10 ~~\$75,000~~ \$150,000 shall be used to continue the contract
11 for the provision of a program to provide technical
12 assistance, support, and consultation to providers of
13 habilitation services and home and community-based
14 services waiver services for adults with disabilities
15 under the medical assistance program.

16 3. Of the funds appropriated in this section,
17 ~~\$25,000~~ \$50,000 is transferred to the Iowa finance
18 authority to be used for administrative support of the
19 council on homelessness established in [section 16.2D](#)
20 and for the council to fulfill its duties in addressing
21 and reducing homelessness in the state.

22 4. Of the funds appropriated in this section,
23 ~~\$125,000~~ \$250,000 shall be transferred to and deposited
24 in the administrative fund of the Iowa ABLE savings
25 plan trust created in [section 12I.4](#), ~~if enacted in this~~
26 ~~or any other Act,~~ to be used for implementation and
27 administration activities of the Iowa ABLE savings plan
28 trust.

29 5. Of the funds appropriated in this section,
30 \$300,000 shall be used to contract for planning grants
31 for the development and implementation of children's
32 mental health crisis services as provided in this Act.

33 6. Of the funds appropriated in this section,
34 \$200,000 shall be used to continue to expand the
35 provision of nationally accredited and recognized

1 internet-based training to include mental health and
2 disability services providers.

3 7. Of the funds appropriated in this section,
4 \$300,000 is transferred to the economic development
5 authority for the Iowa commission on volunteer services
6 to be used for RefugeeRISE AmeriCorps program member
7 recruitment and training to improve the economic
8 well-being and health of economically disadvantaged
9 refugees in local communities across Iowa. Funds
10 transferred may be used to supplement federal funds
11 under federal regulations.

12 Sec. 25. 2015 Iowa Acts, chapter 137, is amended by
13 adding the following new section:

14 NEW SECTION. SEC. 147A. DEPARTMENT-WIDE
15 DUTIES. There is appropriated from the general fund of
16 the state to the department of human services for the
17 fiscal year beginning July 1, 2016, and ending June 30,
18 2017, the following amount, or so much thereof as is
19 necessary, to be used for the purposes designated:

20 For salaries, support, maintenance, and
21 miscellaneous purposes at facilities under the purview
22 of the department of human services:

23 \$ 2,879,274

24 Sec. 26. 2015 Iowa Acts, chapter 137, section 148,
25 is amended to read as follows:

26 SEC. 148. VOLUNTEERS. There is appropriated from
27 the general fund of the state to the department of
28 human services for the fiscal year beginning July 1,
29 2016, and ending June 30, 2017, the following amount,
30 or so much thereof as is necessary, to be used for the
31 purpose designated:

32 For development and coordination of volunteer
33 services:

34 \$ ~~42,343~~
35 84,686

1 Sec. 27. 2015 Iowa Acts, chapter 137, section 149,
2 is amended to read as follows:

3 SEC. 149. MEDICAL ASSISTANCE, STATE SUPPLEMENTARY
4 ASSISTANCE, AND SOCIAL SERVICE PROVIDERS REIMBURSED
5 UNDER THE DEPARTMENT OF HUMAN SERVICES.

6 1. a. ~~(1) For the fiscal year beginning July 1,~~
7 ~~2016, the total state funding amount for the nursing~~
8 ~~facility budget shall not exceed \$151,421,458.~~

9 ~~(2) The department, in cooperation with nursing~~
10 ~~facility representatives, shall review projections for~~
11 ~~state funding expenditures for reimbursement of nursing~~
12 ~~facilities on a quarterly basis and the department~~
13 ~~shall determine if an adjustment to the medical~~
14 ~~assistance reimbursement rate is necessary in order to~~
15 ~~provide reimbursement within the state funding amount~~
16 ~~for the fiscal year. Notwithstanding 2001 Iowa Acts,~~
17 ~~chapter 192, section 4, subsection 2, paragraph "c",~~
18 ~~and subsection 3, paragraph "a", subparagraph (2), if~~
19 ~~the state funding expenditures for the nursing facility~~
20 ~~budget for the fiscal year are projected to exceed the~~
21 ~~amount specified in subparagraph (1), the department~~
22 ~~shall adjust the reimbursement for nursing facilities~~
23 ~~reimbursed under the case-mix reimbursement system to~~
24 ~~maintain expenditures of the nursing facility budget~~
25 ~~within the specified amount for the fiscal year.~~

26 (3) (a) For the fiscal year beginning July 1,
27 2016, case-mix, non-case mix, and special population
28 nursing facilities shall be reimbursed in accordance
29 with the methodology in effect on June 30, 2016.

30 (b) For managed care claims, the department of
31 human services shall adjust the payment rate floor for
32 nursing facilities every six months, on July 1 and
33 January 1, to maintain a rate floor that is no lower
34 than the Medicaid fee-for-service case-mix adjusted
35 rate calculated in accordance with 441 IAC 81.6. The

1 department shall then calculate adjusted reimbursement
2 rates, including but not limited to add-on-payments,
3 for each six-month period, and shall notify
4 Medicaid managed care organizations of the adjusted
5 reimbursement rates within 30 days of determining
6 the adjusted reimbursement rates. Any adjustment of
7 reimbursement rates under this subparagraph division
8 shall be budget neutral to the state budget.

9 (4) For any open or unsettled nursing facility
10 cost report for a fiscal year prior to and including
11 the fiscal year beginning July 1, 2015, including any
12 cost report remanded on judicial review for inclusion
13 of prescription drug, laboratory, or x-ray costs, the
14 department shall offset all reported prescription drug,
15 laboratory, and x-ray costs with any revenue received
16 from Medicare or other revenue source for any purpose.
17 For purposes of this subparagraph, a nursing facility
18 cost report is not considered open or unsettled if the
19 facility did not initiate an administrative appeal
20 under [chapter 17A](#) or if any appeal rights initiated
21 have been exhausted.

22 b. (1) For the fiscal year beginning July 1, 2016,
23 the department shall establish the pharmacy dispensing
24 fee reimbursement at \$11.73 per prescription, until a
25 cost of dispensing survey is completed. The actual
26 dispensing fee shall be determined by a cost of
27 dispensing survey performed by the department and
28 required to be completed by all medical assistance
29 program participating pharmacies every two years,
30 adjusted as necessary to maintain expenditures within
31 the amount appropriated to the department for this
32 purpose for the fiscal year.

33 (2) The department shall utilize an average
34 acquisition cost reimbursement methodology for all
35 drugs covered under the medical assistance program in

1 accordance with 2012 Iowa Acts, chapter 1133, section
2 33.

3 (3) Notwithstanding subparagraph (2), if the
4 centers for Medicare and Medicaid services of the
5 United States department of health and human services
6 (CMS) requires, as a condition of federal Medicaid
7 funding, that the department implement an aggregate
8 federal upper limit (FUL) for drug reimbursement
9 based on the average manufacturer's price (AMP), the
10 department may utilize a reimbursement methodology for
11 all drugs covered under the Medicaid program based on
12 the national average drug acquisition cost (NADAC)
13 methodology published by CMS, in order to assure
14 compliance with the aggregate FUL, minimize outcomes
15 of drug reimbursements below pharmacy acquisition
16 costs, limit administrative costs, and minimize any
17 change in the aggregate reimbursement for drugs. The
18 department may adopt emergency rules to implement this
19 subparagraph.

20 c. (1) For the fiscal year beginning July 1, 2016,
21 reimbursement rates for outpatient hospital services
22 shall remain at the rates in effect on June 30, 2016,
23 subject to Medicaid program upper payment limit rules,
24 and adjusted as necessary to maintain expenditures
25 within the amount appropriated to the department for
26 this purpose for the fiscal year.

27 (2) For the fiscal year beginning July 1, 2016,
28 reimbursement rates for inpatient hospital services
29 shall remain at the rates in effect on June 30, 2016,
30 subject to Medicaid program upper payment limit rules,
31 and adjusted as necessary to maintain expenditures
32 within the amount appropriated to the department for
33 this purpose for the fiscal year.

34 (3) For the fiscal year beginning July 1, 2016,
35 the graduate medical education and disproportionate

1 share hospital fund shall remain at the amount in
2 effect on June 30, 2016, except that the portion of
3 the fund attributable to graduate medical education
4 shall be reduced in an amount that reflects the
5 elimination of graduate medical education payments made
6 to out-of-state hospitals.

7 (4) In order to ensure the efficient use of limited
8 state funds in procuring health care services for
9 low-income Iowans, funds appropriated in this Act for
10 hospital services shall not be used for activities
11 which would be excluded from a determination of
12 reasonable costs under the federal Medicare program
13 pursuant to 42 U.S.C. §1395x(v)(1)(N).

14 d. For the fiscal year beginning July 1, 2016,
15 reimbursement rates for ~~rural health clinics~~, hospices,
16 and acute mental hospitals shall be increased in
17 accordance with increases under the federal Medicare
18 program or as supported by their Medicare audited
19 costs.

20 e. For the fiscal year beginning July 1, 2016,
21 independent laboratories and rehabilitation agencies
22 shall be reimbursed using the same methodology in
23 effect on June 30, 2016.

24 f. (1) For the fiscal year beginning July 1, 2016,
25 reimbursement rates for home health agencies shall
26 continue to be based on the Medicare low utilization
27 payment adjustment (LUPA) methodology with state
28 geographic wage adjustments, and ~~updated to reflect~~
29 ~~the most recent Medicare LUPA rates~~ shall be adjusted
30 to increase the rates to the extent possible within
31 the \$1,000,000 of state funding appropriated for this
32 purpose. The department shall continue to update
33 the rates every two years to reflect the most recent
34 Medicare LUPA rates.

35 (2) For the fiscal year beginning July 1, 2016,

1 rates for private duty nursing and personal care
2 services under the early and periodic screening,
3 diagnostic, and treatment program benefit shall be
4 calculated based on the methodology in effect on June
5 30, 2016.

6 g. For the fiscal year beginning July 1, 2016,
7 federally qualified health centers and rural health
8 clinics shall receive cost-based reimbursement for 100
9 percent of the reasonable costs for the provision of
10 services to recipients of medical assistance.

11 h. For the fiscal year beginning July 1, 2016, the
12 reimbursement rates for dental services shall remain at
13 the rates in effect on June 30, 2016.

14 i. (1) For the fiscal year beginning July 1,
15 2016, state-owned psychiatric medical institutions
16 for children shall receive cost-based reimbursement
17 for 100 percent of the actual and allowable costs for
18 the provision of services to recipients of medical
19 assistance.

20 (2) For the nonstate-owned psychiatric medical
21 institutions for children, reimbursement rates shall be
22 based on the reimbursement methodology ~~developed by the~~
23 ~~Medicaid managed care contractor for behavioral health~~
24 ~~services as required for federal compliance~~ in effect
25 on June 30, 2016.

26 (3) As a condition of participation in the medical
27 assistance program, enrolled providers shall accept the
28 medical assistance reimbursement rate for any covered
29 goods or services provided to recipients of medical
30 assistance who are children under the custody of a
31 psychiatric medical institution for children.

32 j. For the fiscal year beginning July 1,
33 2016, unless otherwise specified in this Act,
34 all noninstitutional medical assistance provider
35 reimbursement rates shall remain at the rates in effect

1 on June 30, 2016, except for area education agencies,
2 local education agencies, infant and toddler services
3 providers, home and community-based services providers
4 including consumer-directed attendant care providers
5 under a section 1915(c) or 1915(i) waiver, targeted
6 case management providers, and those providers whose
7 rates are required to be determined pursuant to section
8 249A.20.

9 k. Notwithstanding any provision to the contrary,
10 for the fiscal year beginning July 1, 2016, the
11 reimbursement rate for anesthesiologists shall remain
12 at the rate in effect on June 30, 2016.

13 l. Notwithstanding [section 249A.20](#), for the fiscal
14 year beginning July 1, 2016, the average reimbursement
15 rate for health care providers eligible for use of the
16 federal Medicare resource-based relative value scale
17 reimbursement methodology under [section 249A.20](#) shall
18 remain at the rate in effect on June 30, 2016; however,
19 this rate shall not exceed the maximum level authorized
20 by the federal government.

21 m. For the fiscal year beginning July 1, 2016, the
22 reimbursement rate for residential care facilities
23 shall not be less than the minimum payment level as
24 established by the federal government to meet the
25 federally mandated maintenance of effort requirement.
26 The flat reimbursement rate for facilities electing not
27 to file annual cost reports shall not be less than the
28 minimum payment level as established by the federal
29 government to meet the federally mandated maintenance
30 of effort requirement.

31 n. For the fiscal year beginning July 1, 2016,
32 the reimbursement rates for inpatient mental health
33 services provided at hospitals shall remain at the
34 rates in effect on June 30, 2016, subject to Medicaid
35 program upper payment limit rules; and psychiatrists

1 shall be reimbursed at the medical assistance program
2 fee-for-service rate in effect on June 30, 2016.

3 o. For the fiscal year beginning July 1, 2016,
4 community mental health centers may choose to be
5 reimbursed for the services provided to recipients of
6 medical assistance through either of the following
7 options:

8 (1) For 100 percent of the reasonable costs of the
9 services.

10 (2) In accordance with the alternative
11 reimbursement rate methodology ~~established by the~~
12 ~~medical assistance program's managed care contractor~~
13 ~~for mental health services and approved by the~~
14 department of human services in effect on June 30,
15 2016.

16 p. For the fiscal year beginning July 1, 2016, the
17 reimbursement rate for providers of family planning
18 services that are eligible to receive a 90 percent
19 federal match shall remain at the rates in effect on
20 June 30, 2016.

21 q. For the fiscal year beginning July 1, 2016, the
22 upper limits ~~on~~ and reimbursement rates for providers
23 of home and community-based services waiver services
24 ~~shall remain at the limits in effect on June 30,~~
25 2016 for which the rate floor is based on the average
26 aggregate reimbursement rate for the fiscal year
27 beginning July 1, 2014, shall be determined as follows:

28 (1) For fee-for-service claims, the reimbursement
29 rate shall be increased by 1 percent over the rates in
30 effect on June 30, 2016.

31 (2) For managed care claims, the reimbursement rate
32 floor shall be increased by 1 percent over the rate
33 floor in effect on April 1, 2016.

34 r. For the fiscal year beginning July 1, 2016,
35 the reimbursement rates for emergency medical service

1 providers shall remain at the rates in effect on June
2 30, 2016.

3 2. For the fiscal year beginning July 1, 2016, the
4 reimbursement rate for providers reimbursed under the
5 in-home-related care program shall not be less than the
6 minimum payment level as established by the federal
7 government to meet the federally mandated maintenance
8 of effort requirement.

9 3. Unless otherwise directed in this section, when
10 the department's reimbursement methodology for any
11 provider reimbursed in accordance with this section
12 includes an inflation factor, this factor shall not
13 exceed the amount by which the consumer price index for
14 all urban consumers increased during the calendar year
15 ending December 31, 2002.

16 4. ~~For~~ Notwithstanding section 234.38, for the
17 fiscal year beginning July 1, 2016, the foster family
18 basic daily maintenance rate and the maximum adoption
19 subsidy rate for children ages 0 through 5 years shall
20 be \$16.78, the rate for children ages 6 through 11
21 years shall be \$17.45, the rate for children ages 12
22 through 15 years shall be \$19.10, and the rate for
23 children and young adults ages 16 and older shall
24 be \$19.35. For youth ages 18 to 21 who have exited
25 foster care, the preparation for adult living program
26 maintenance rate shall be \$602.70 per month. The
27 maximum payment for adoption subsidy nonrecurring
28 expenses shall be limited to \$500 and the disallowance
29 of additional amounts for court costs and other related
30 legal expenses implemented pursuant to 2010 Iowa Acts,
31 chapter 1031, section 408, shall be continued.

32 5. For the fiscal year beginning July 1, 2016,
33 the maximum reimbursement rates for social services
34 providers under contract shall remain at the rates
35 in effect on June 30, 2016, or the provider's actual

1 and allowable cost plus inflation for each service,
2 whichever is less. However, if a new service or
3 service provider is added after June 30, 2016, the
4 initial reimbursement rate for the service or provider
5 shall be based upon a weighted average of provider
6 rates for similar services.

7 6. For the fiscal year beginning July 1, 2016, the
8 reimbursement rates for resource family recruitment and
9 retention contractors, child welfare emergency services
10 contractors, and supervised apartment living foster
11 care providers shall remain at the rates in effect on
12 June 30, 2016.

13 7. a. For the purposes of this subsection,
14 "combined reimbursement rate" means the combined
15 service and maintenance reimbursement rate for a
16 service level under the department's reimbursement
17 methodology. Effective July 1, 2016, the combined
18 reimbursement rate for a group foster care service
19 level shall be the amount designated in this
20 subsection. However, if a group foster care provider's
21 reimbursement rate for a service level as of June
22 30, 2016, is more than the rate designated in this
23 subsection, the provider's reimbursement shall remain
24 at the higher rate.

25 b. Unless a group foster care provider is subject
26 to the exception provided in paragraph "a", effective
27 July 1, 2016, the combined reimbursement rates for the
28 service levels under the department's reimbursement
29 methodology shall be as follows:

30 (1) For service level, community - D1, the daily
31 rate shall be at least \$84.17.

32 (2) For service level, comprehensive - D2, the
33 daily rate shall be at least \$119.09.

34 (3) For service level, enhanced - D3, the daily
35 rate shall be at least \$131.09.

1 8. The group foster care reimbursement rates
2 paid for placement of children out of state shall
3 be calculated according to the same rate-setting
4 principles as those used for in-state providers,
5 unless the director of human services or the director's
6 designee determines that appropriate care cannot be
7 provided within the state. The payment of the daily
8 rate shall be based on the number of days in the
9 calendar month in which service is provided.

10 9. a. For the fiscal year beginning July 1, 2016,
11 the reimbursement rate paid for shelter care and
12 the child welfare emergency services implemented to
13 provide or prevent the need for shelter care shall be
14 established by contract.

15 b. For the fiscal year beginning July 1, 2016,
16 the combined service and maintenance components of
17 the reimbursement rate paid for shelter care services
18 shall be based on the financial and statistical report
19 submitted to the department. The maximum reimbursement
20 rate shall be \$101.83 per day. The department shall
21 reimburse a shelter care provider at the provider's
22 actual and allowable unit cost, plus inflation, not to
23 exceed the maximum reimbursement rate.

24 c. Notwithstanding [section 232.141, subsection 8](#),
25 for the fiscal year beginning July 1, 2016, the amount
26 of the statewide average of the actual and allowable
27 rates for reimbursement of juvenile shelter care homes
28 that is utilized for the limitation on recovery of
29 unpaid costs shall remain at the amount in effect for
30 this purpose in the fiscal year beginning July 1, 2015.

31 10. For the fiscal year beginning July 1, 2016,
32 ~~the department shall calculate reimbursement rates~~
33 ~~for intermediate care facilities for persons with~~
34 ~~an intellectual disability at the 80th percentile.~~
35 ~~Beginning July 1, 2016, the rate calculation~~

1 ~~methodology shall utilize~~ shall remain at the rates in
2 effect on June 30, 2016, as adjusted by the consumer
3 price index inflation factor applicable to the fiscal
4 year beginning July 1, 2016.

5 11. For the fiscal year beginning July 1, 2016,
6 for child care providers reimbursed under the state
7 child care assistance program, the department shall
8 set provider reimbursement rates based on the rate
9 reimbursement survey completed in December 2004.

10 Effective July 1, 2016, the child care provider
11 reimbursement rates shall remain at the rates in effect
12 on June 30, 2016. The department shall set rates in a
13 manner so as to provide incentives for a nonregistered
14 provider to become registered by applying the increase
15 only to registered and licensed providers.

16 11A. For the fiscal year beginning July 1, 2016,
17 with the exception of any provider or service to which
18 a reimbursement increase is applicable for the fiscal
19 year under this section, notwithstanding any provision
20 to the contrary under this section, affected providers
21 or services shall instead be reimbursed as follows:

22 a. For fee-for-service claims, reimbursement
23 shall be calculated based on the methodology otherwise
24 specified in this section for the fiscal year beginning
25 July 1, 2016, for the respective provider or service.

26 b. For claims subject to a managed care contract,
27 reimbursement shall be based on the methodology
28 established by the managed care contract. However, any
29 reimbursement established under such contract shall not
30 be lower than the rate floor approved by the department
31 of human services as the managed care organization
32 provider reimbursement rate floor for the respective
33 provider or service, in effect on April 1, 2016.

34 13. The department may adopt emergency rules to
35 implement this section.

1 Sec. 28. 2015 Iowa Acts, chapter 137, is amended by
2 adding the following new section:

3 NEW SECTION. SEC. 151A. TRANSFER OF MEDICAID
4 MODERNIZATION SAVINGS BETWEEN APPROPRIATIONS FY
5 2016-2017. Notwithstanding section 8.39, subsection 1,
6 for the fiscal year beginning July 1, 2016, if savings
7 resulting from the governor's Medicaid modernization
8 initiative accrue to the medical contracts or
9 children's health insurance program appropriation from
10 the general fund of the state and not to the medical
11 assistance appropriation from the general fund of the
12 state under this division of this Act, such savings may
13 be transferred to such medical assistance appropriation
14 for the same fiscal year without prior written consent
15 and approval of the governor and the director of the
16 department of management. The department of human
17 services shall report any transfers made pursuant to
18 this section to the legislative services agency.

19 DIVISION VI

20 HEALTH CARE ACCOUNTS AND FUNDS — FY 2016-2017

21 Sec. 29. 2015 Iowa Acts, chapter 137, section 152,
22 is amended to read as follows:

23 SEC. 152. PHARMACEUTICAL SETTLEMENT ACCOUNT. There
24 is appropriated from the pharmaceutical settlement
25 account created in section 249A.33 to the department of
26 human services for the fiscal year beginning July 1,
27 2016, and ending June 30, 2017, the following amount,
28 or so much thereof as is necessary, to be used for the
29 purpose designated:

30 Notwithstanding any provision of law to the
31 contrary, to supplement the appropriations made in this
32 Act for medical contracts under the medical assistance
33 program for the fiscal year beginning July 1, 2016, and
34 ending June 30, 2017:

35 \$ ~~1,001,088~~

1 1,300,000

2 Sec. 30. 2015 Iowa Acts, chapter 137, section 153,
3 is amended to read as follows:

4 SEC. 153. QUALITY ASSURANCE TRUST FUND —
5 DEPARTMENT OF HUMAN SERVICES. Notwithstanding
6 any provision to the contrary and subject to the
7 availability of funds, there is appropriated from the
8 quality assurance trust fund created in [section 249L.4](#)
9 to the department of human services for the fiscal year
10 beginning July 1, 2016, and ending June 30, 2017, the
11 following amounts, or so much thereof as is necessary,
12 for the purposes designated:

13 To supplement the appropriation made in this Act
14 from the general fund of the state to the department
15 of human services for medical assistance for the same
16 fiscal year:

17 \$ ~~18,602,604~~
18 36,705,208

19 Sec. 31. 2015 Iowa Acts, chapter 137, section 154,
20 is amended to read as follows:

21 SEC. 154. HOSPITAL HEALTH CARE ACCESS TRUST FUND
22 — DEPARTMENT OF HUMAN SERVICES. Notwithstanding
23 any provision to the contrary and subject to the
24 availability of funds, there is appropriated from
25 the hospital health care access trust fund created in
26 section 249M.4 to the department of human services for
27 the fiscal year beginning July 1, 2016, and ending June
28 30, 2017, the following amounts, or so much thereof as
29 is necessary, for the purposes designated:

30 To supplement the appropriation made in this Act
31 from the general fund of the state to the department
32 of human services for medical assistance for the same
33 fiscal year:

34 \$ ~~17,350,000~~
35 34,700,000

DIVISION VII

PROPERTY TAX RELIEF FUND BLOCK GRANT MONEY — FY
2016-2017

Sec. 32. 2015 Iowa Acts, chapter 137, section 157,
is amended to read as follows:

SEC. 157. PROPERTY TAX RELIEF FUND BLOCK GRANT
MONEYS. The moneys transferred to the property tax
relief fund for the fiscal year beginning July 1, ~~2015~~
2016, from the federal social services block grant
pursuant to 2015 Iowa Acts, House File 630, ~~and from~~
~~the federal temporary assistance for needy families~~
~~block grant~~, totaling at least ~~\$11,774,275~~ 7,456,296,
are appropriated to the department of human services
for the fiscal year beginning July 1, ~~2015~~ 2016, and
ending June 30, ~~2016~~ 2017, to be used for the purposes
designated, notwithstanding any provision of law to the
contrary:

~~1. For distribution to any mental health and~~
~~disability services region where 25 percent of the~~
~~region's projected expenditures exceeds the region's~~
~~projected fund balance:~~
~~..... \$ 480,000~~

~~a. For purposes of this subsection:~~

~~(1) "Available funds" means a county mental health~~
~~and services fund balance on June 30, 2015, plus the~~
~~maximum amount a county was allowed to levy for the~~
~~fiscal year beginning July 1, 2015.~~

~~(2) "Projected expenditures" means the actual~~
~~expenditures of a mental health and disability services~~
~~region as of June 30, 2015, multiplied by an annual~~
~~inflation rate of 2 percent plus the projected costs~~
~~for new core services administered by the region~~
~~as provided in a region's regional service system~~
~~management plan approved pursuant to section 331.393~~
~~for the fiscal year beginning July 1, 2015.~~

1 ~~(3) "Projected fund balance" means the difference~~
2 ~~between a mental health and disability services~~
3 ~~region's available funds and projected expenditures.~~

4 ~~b. If sufficient funds are not available to~~
5 ~~implement this subsection, the department of human~~
6 ~~services shall distribute funds to a region in~~
7 ~~proportion to the availability of funds.~~

8 2. To be transferred to the appropriation in this
9 Act for child and family services for the fiscal year
10 beginning July 1, 2016, to be used for the purpose of
11 that appropriation:

12 \$ 5,407,137
13 6,880,223

14 DIVISION VIII

15 PRIOR YEAR APPROPRIATIONS AND OTHER PROVISIONS

16 FAMILY INVESTMENT PROGRAM ACCOUNT FY 2015-2016

17 Sec. 33. 2015 Iowa Acts, chapter 137, section
18 7, subsection 4, paragraph e, is amended to read as
19 follows:

20 e. For the JOBS program:

21 \$ 17,540,398
22 17,140,398

23 FAMILY INVESTMENT PROGRAM GENERAL FUND FY 2015-2016

24 Sec. 34. 2015 Iowa Acts, chapter 137, section 8,
25 unnumbered paragraph 2, is amended to read as follows:

26 To be credited to the family investment program
27 (FIP) account and used for family investment program
28 assistance under [chapter 239B](#):

29 \$ 48,673,875
30 44,773,875

31 Sec. 35. 2015 Iowa Acts, chapter 137, section 8,
32 subsection 1, is amended to read as follows:

33 1. Of the funds appropriated in this section,
34 ~~\$7,402,220~~ \$7,002,220 is allocated for the JOBS
35 program.

MEDICAL ASSISTANCE APPROPRIATION — FY 2015-2016

Sec. 36. 2015 Iowa Acts, chapter 137, section 12, unnumbered paragraph 2, is amended to read as follows:

For medical assistance program reimbursement and associated costs as specifically provided in the reimbursement methodologies in effect on June 30, 2015, except as otherwise expressly authorized by law, consistent with options under federal law and regulations, and contingent upon receipt of approval from the office of the governor of reimbursement for each abortion performed under the program:

.....	\$ 1,303,191,564
	<u>1,318,191,564</u>

MODERNIZATION EMERGENCY RULES FY 2015-2016

Sec. 37. 2015 Iowa Acts, chapter 137, section 12, subsection 24, is amended to read as follows:

~~24. The department of human services may adopt emergency rules as necessary to implement the governor's Medicaid modernization initiative beginning January 1, 2016.~~

STATE SUPPLEMENTARY ASSISTANCE FY 2015-2016

Sec. 38. 2015 Iowa Acts, chapter 137, section 14, unnumbered paragraph 2, is amended to read as follows:

For the state supplementary assistance program:

.....	\$ 12,997,187
	<u>11,897,187</u>

AUTISM SUPPORT PROGRAM FUND FY 2015-2016

Sec. 39. 2015 Iowa Acts, chapter 137, section 13, subsection 5, unnumbered paragraph 1, is amended to read as follows:

Of the funds appropriated in this section, \$2,000,000 shall be credited to the autism support program fund created in section 225D.2 to be used for the autism support program created in chapter 225D, with the exception of the following amounts of this

1 allocation which shall be used as follows:

2 CHILD CARE ASSISTANCE FY 2015-2016

3 Sec. 40. 2015 Iowa Acts, chapter 137, section 16,
4 unnumbered paragraph 2, is amended to read as follows:

5 For child care programs:

6 \$ ~~51,408,668~~
7 41,408,668

8 Sec. 41. 2015 Iowa Acts, chapter 137, section 16,
9 subsection 1, is amended to read as follows:

10 1. Of the funds appropriated in this section,
11 ~~\$43,689,241~~ \$33,689,241 shall be used for state child
12 care assistance in accordance with [section 237A.13](#).

13 Sec. 42. 2015 Iowa Acts, chapter 137, section 16,
14 subsection 9, is amended to read as follows:

15 9. Notwithstanding [section 8.33](#), moneys advanced
16 ~~for purposes of the programs developed by early~~
17 ~~childhood Iowa areas, advanced for purposes of~~
18 ~~wraparound child care, appropriated in this section~~
19 or received from the federal appropriations made for
20 the purposes of this section that remain unencumbered
21 or unobligated at the close of the fiscal year shall
22 not revert to any fund but shall remain available for
23 expenditure for the purposes designated until the close
24 of the succeeding fiscal year.

25 NURSING FACILITY BUDGET FY 2015-2016

26 Sec. 43. 2015 Iowa Acts, chapter 137, section 29,
27 subsection 1, paragraph a, subparagraph (1), is amended
28 to read as follows:

29 (1) For the fiscal year beginning July 1, 2015, the
30 total state funding amount for the nursing facility
31 budget shall not exceed ~~\$151,421,158~~ \$227,131,737.

32 Sec. 44. EFFECTIVE UPON ENACTMENT. This division
33 of this Act, being deemed of immediate importance,
34 takes effect upon enactment.

35 Sec. 45. RETROACTIVE APPLICABILITY. This division

1 of this Act is retroactively applicable to July 1,
2 2015.

3 DIVISION IX

4 DECATEGORIZATION

5 Sec. 46. DECATEGORIZATION CARRYOVER FUNDING —
6 TRANSFER TO MEDICAID PROGRAM. Notwithstanding section
7 232.188, subsection 5, paragraph "b", any state
8 appropriated moneys in the funding pool that remained
9 unencumbered or unobligated at the close of the fiscal
10 year beginning July 1, 2013, and were deemed carryover
11 funding to remain available for the two succeeding
12 fiscal years that still remain unencumbered or
13 unobligated at the close of the fiscal year beginning
14 July 1, 2015, shall not revert but shall be transferred
15 to the medical assistance program for the fiscal year
16 beginning July 1, 2015.

17 Sec. 47. EFFECTIVE UPON ENACTMENT. This division
18 of this Act, being deemed of immediate importance,
19 takes effect upon enactment.

20 Sec. 48. RETROACTIVE APPLICABILITY. This division
21 of this Act is retroactively applicable to July 1,
22 2015.

23 DIVISION X

24 CODE CHANGES

25 LOCAL OFFICES OF SUBSTITUTE DECISION MAKER

26 Sec. 49. Section 231E.4, subsection 3, paragraph a,
27 Code 2016, is amended to read as follows:

28 a. Select persons through a request for proposals
29 process to establish local offices of substitute
30 decision maker in each of the planning and service
31 areas. Local offices shall be established statewide on
32 or before July 1, ~~2017~~ 2018.

33 INSTITUTIONS FOR PERSONS WITH AN INTELLECTUAL
34 DISABILITY — ASSESSMENT

35 Sec. 50. Section 222.60A, Code 2016, is amended to

1 read as follows:

2 **222.60A Cost of assessment.**

3 Notwithstanding any provision of ~~this chapter~~ to the
4 contrary, any amount attributable to any ~~fee-assessed~~
5 assessment pursuant to ~~section 249A.21~~ that would
6 otherwise be the liability of any county shall be paid
7 by the state. The department may transfer funds from
8 the appropriation for medical assistance to pay any
9 amount attributable to any ~~fee-assessed~~ assessment
10 pursuant to ~~section 249A.21~~ that is a liability of the
11 state.

12 Sec. 51. Section 249A.12, subsection 3, paragraph
13 c, Code 2016, is amended to read as follows:

14 ~~c. Effective February 1, 2002, the~~ The state shall
15 be responsible for all of the nonfederal share of the
16 costs of intermediate care facility for persons with
17 an intellectual disability services provided under
18 medical assistance attributable to the assessment fee
19 for intermediate care facilities for individuals with
20 an intellectual disability imposed pursuant to section
21 249A.21. ~~Effective February 1, 2003, a~~ A county is not
22 required to reimburse the department and shall not be
23 billed for the nonfederal share of the costs of such
24 services attributable to the assessment fee.

25 Sec. 52. Section 249A.21, Code 2016, is amended to
26 read as follows:

27 **249A.21 Intermediate care facilities for persons**
28 **with an intellectual disability — assessment.**

29 1. ~~The department may assess~~ An intermediate care
30 ~~facilities~~ facility for persons with an intellectual
31 disability, as defined in ~~section 135C.1, a fee in~~
32 shall be assessed an amount for the preceding calendar
33 quarter, not to exceed six percent of the total annual
34 revenue of the facility for the preceding fiscal year.

35 2. The assessment shall be paid by each

1 intermediate care facility for persons with an
2 intellectual disability to the department in equal
3 monthly amounts on or before the fifteenth day of each
4 month on a quarterly basis. The department may deduct
5 the monthly amount from medical assistance payments
6 to a facility described in [subsection 1](#). The amount
7 deducted from payments shall not exceed the total
8 amount of the assessments due An intermediate care
9 facility for persons with an intellectual disability
10 shall submit the assessment amount no later than thirty
11 days following the end of each calendar quarter.

12 3. ~~Revenue from the assessments shall be credited~~
13 The department shall collect the assessment imposed
14 and shall credit all revenues collected to the state
15 medical assistance appropriation. This revenue may
16 be used only for services for which federal financial
17 participation under the medical assistance program is
18 available to match state funds.

19 4. If the department determines that an
20 intermediate care facility for persons with an
21 intellectual disability has underpaid or overpaid
22 the assessment, the department shall notify the
23 intermediate care facility for persons with an
24 intellectual disability of the amount of the unpaid
25 assessment or refund due. Such payment or refund shall
26 be due or refunded within thirty days of the issuance
27 of the notice.

28 5. An intermediate care facility for persons
29 with an intellectual disability that fails to pay the
30 assessment within the time frame specified in this
31 section shall pay, in addition to the outstanding
32 assessment, a penalty in the amount of one and
33 five-tenths percent of the assessment amount owed for
34 each month or portion of each month the payment is
35 overdue. However, if the department determines that

1 good cause is shown for failure to comply with payment
2 of the assessment, the department shall waive the
3 penalty or a portion of the penalty.

4 6. If an assessment has not been received by the
5 department by the last day of the third month after the
6 payment is due, the department shall suspend payment
7 due the intermediate care facility for persons with an
8 intellectual disability under the medical assistance
9 program including payments made on behalf of the
10 medical assistance program by a Medicaid managed care
11 contractor.

12 7. The assessment imposed under this section
13 constitutes a debt due and owing the state and may be
14 collected by civil action, including but not limited to
15 the filing of tax liens, and any other method provided
16 for by law.

17 8. If federal financial participation to match the
18 assessments made under subsection 1 becomes unavailable
19 under federal law, the department shall terminate the
20 imposing of the assessments beginning on the date that
21 the federal statutory, regulatory, or interpretive
22 change takes effect.

23 5. 9. The department of human services may procure
24 a sole source contract to implement the provisions of
25 this section.

26 6. 10. The department may adopt administrative
27 rules under section 17A.4, subsection 3, and section
28 17A.5, subsection 2, paragraph "b", to implement this
29 section, and any fee assessed pursuant to this section
30 against an intermediate care facility for persons with
31 an intellectual disability that is operated by the
32 state may be made retroactive to October 1, 2003.

DIVISION XI

HOSPITAL HEALTH CARE ACCESS ASSESSMENT

Sec. 53. Section 249M.5, Code 2016, is amended to

1 read as follows:

2 **249M.5 Future repeal.**

3 This chapter is repealed ~~June 30, 2016~~ July 1, 2017.

4 Sec. 54. REVIEW OF ALTERNATIVE ASSESSMENT

5 METHODOLOGY. The department of human services shall
6 explore alternative hospital health care access
7 assessment methodologies and shall make recommendations
8 to the governor and the general assembly by December
9 15, 2016, regarding continuation of the hospital
10 health care access assessment program beyond July 1,
11 2017, and an alternative assessment methodology. Any
12 continuation of the program and assessment methodology
13 shall meet all of the following guidelines:

14 1. All funds generated by the assessment shall
15 be returned to participating hospitals in the form of
16 higher Medicaid payments.

17 2. Continuation of the program and any new
18 assessment methodology shall be subject to any required
19 federal approval.

20 3. Any new assessment methodology shall minimize
21 the negative financial impact on participating
22 hospitals to the greatest extent possible.

23 4. Any new assessment methodology shall result in
24 at least the same if not a greater aggregate financial
25 benefit to participating hospitals compared with the
26 benefit existing under the program prior to July 1,
27 2016.

28 5. Only participating hospitals subject to
29 imposition of the assessment shall receive a financial
30 return from the program.

31 6. Any continuation of the program shall include a
32 means of tracking the financial return to individual
33 participating hospitals.

34 7. Any quality metrics utilized by the program,
35 if continued, shall align with similar metrics being

1 used under Medicare and the state innovation model
2 initiative process.

3 8. Any new assessment methodology shall incorporate
4 a recognition of the increased costs attributable to
5 care and services such as inpatient psychiatric care,
6 rehabilitation services, and neonatal intensive care
7 units.

8 9. Any continuation of the program shall include
9 oversight and review by the hospital health care
10 access trust fund board created in section 249M.4
11 and representatives of participating hospitals to
12 ensure appropriate administration and to provide
13 recommendations for future modifications.

14 Sec. 55. EFFECTIVE UPON ENACTMENT. This division
15 of this Act, being deemed of immediate importance,
16 takes effect upon enactment.

17 Sec. 56. RETROACTIVE APPLICABILITY. The section of
18 this division of this Act amending section 249M.5, Code
19 2016, is retroactively applicable to June 30, 2016.

20 DIVISION XII

21 AUTISM SUPPORT PROGRAM

22 Sec. 57. Section 135.181, subsections 1 and 2, Code
23 2016, are amended to read as follows:

24 1. The department shall establish a board-certified
25 behavior analyst and board-certified assistant behavior
26 analyst grants program to provide grants to Iowa
27 resident and nonresident applicants who have been
28 accepted for admission or are attending a ~~board-of~~
29 ~~regents~~ university, community college, or an accredited
30 private institution, within or outside the state of
31 Iowa, are enrolled in a program that is accredited and
32 meets coursework requirements to prepare the applicant
33 to be eligible for board certification as a behavior
34 analyst or assistant behavior analyst, and demonstrate
35 financial need. ~~Priority in the awarding of a grant~~

1 ~~shall be given to applicants who are residents of Iowa.~~

2 2. The department, in cooperation with the
3 department of education, shall adopt rules pursuant
4 to [chapter 17A](#) to establish minimum standards for
5 applicants to be eligible for a grant that address all
6 of the following:

7 a. Eligibility requirements for and qualifications
8 of an applicant to receive a grant. The applicant
9 shall agree to practice in the state of Iowa for a
10 period of time, not to exceed four years, as specified
11 in the contract entered into between the applicant and
12 the department at the time the grant is awarded. In
13 addition, the applicant shall agree, as specified in
14 the contract, that during the contract period, the
15 applicant will assist in supervising an individual
16 working toward board certification as a behavior
17 analyst or assistant behavior analyst or to consult
18 with schools and service providers that provide
19 services and supports to individuals with autism.

20 b. The application process for the grant.

21 c. Criteria for preference in awarding of the
22 grants. Priority in the awarding of a grant shall be
23 given to applicants who are residents of Iowa.

24 d. Determination of the amount of a grant. The
25 amount of funding awarded to each applicant shall be
26 based on the applicant's enrollment status, the number
27 of applicants, and the total amount of available funds.
28 The total amount of funds awarded to an individual
29 applicant shall not exceed fifty percent of the
30 total costs attributable to program tuition and fees,
31 annually.

32 e. Use of the funds awarded. Funds awarded may be
33 used to offset the costs attributable to tuition and
34 fees for the accredited behavior analyst or assistant
35 behavior analyst program.

1 Sec. 58. Section 135.181, Code 2016, is amended by
2 adding the following new subsection:

3 NEW SUBSECTION. 4. The department shall submit
4 a report to the governor and the general assembly no
5 later than January 1, annually, that includes but is
6 not limited to all of the following:

7 a. The number of applications received for the
8 immediately preceding fiscal year.

9 b. The number of applications approved and the
10 total amount of funding awarded in grants in the
11 immediately preceding fiscal year.

12 c. The cost of administering the program in the
13 immediately preceding fiscal year.

14 d. Recommendations for any changes to the program.

15 Sec. 59. Section 225D.1, subsection 8, Code 2016,
16 is amended to read as follows:

17 8. "*Eligible individual*" means a child less than
18 ~~nine~~ fourteen years of age who has been diagnosed with
19 autism based on a diagnostic assessment of autism,
20 is not otherwise eligible for coverage for applied
21 behavioral analysis treatment under the medical
22 assistance program, [section 514C.28](#), or private
23 insurance coverage, and whose household income does not
24 exceed ~~four~~ five hundred percent of the federal poverty
25 level.

26 Sec. 60. Section 225D.2, subsection 2, paragraphs c
27 and d, Code 2016, are amended to read as follows:

28 c. Notwithstanding the age limitation for an
29 eligible individual, a provision that if an eligible
30 individual reaches ~~nine~~ fourteen years of age prior to
31 completion of the maximum applied behavioral analysis
32 treatment period specified in paragraph "b", the
33 individual may complete such treatment in accordance
34 with the individual's treatment plan, not to exceed the
35 maximum treatment period.

1 d. A graduated schedule for cost-sharing by an
2 eligible individual based on a percentage of the total
3 benefit amount expended for the eligible individual,
4 annually. Cost-sharing shall be applicable to
5 eligible individuals with household incomes at or
6 above two hundred percent of the federal poverty level
7 in incrementally increased amounts up to a maximum
8 of ~~ten~~ fifteen percent. The rules shall provide
9 a financial hardship exemption from payment of the
10 cost-sharing based on criteria established by rule of
11 the department.

12 Sec. 61. AUTISM SUPPORT FUND — TRANSFER.
13 Notwithstanding section 225D.2, moneys credited to
14 the autism support fund that remain unexpended or
15 unobligated at the close of the fiscal year beginning
16 July 1, 2015, shall be transferred to the appropriation
17 in this Act for medical contracts to be used for the
18 purpose of that appropriation for the succeeding fiscal
19 year.

20 Sec. 62. EFFECTIVE DATE. The section of this
21 division of this Act providing for transfer of moneys
22 in the autism support fund that remain unexpended or
23 unobligated at the close of the fiscal year beginning
24 July 1, 2015, being deemed of immediate importance,
25 takes effect upon enactment.

26 Sec. 63. RETROACTIVE APPLICABILITY. The section
27 of this division of this Act providing for transfer
28 of moneys in the autism support fund that remain
29 unexpended or unobligated at the close of the
30 fiscal year beginning July 1, 2015, is retroactively
31 applicable to July 1, 2015.

32 DIVISION XIII

33 MEDICAID MANAGED CARE OVERSIGHT

34 HEALTH POLICY OVERSIGHT COMMITTEE

35 Sec. 64. Section 2.45, subsection 6, Code 2016, is

1 amended to read as follows:

2 6. The legislative health policy oversight
3 committee, which shall be composed of ten members of
4 the general assembly, consisting of five members from
5 each house, to be appointed by the legislative council.
6 The legislative health policy oversight committee
7 shall ~~receive updates and review data, public input and~~
8 ~~concerns, and make recommendations for improvements to~~
9 ~~and changes in law or rule regarding Medicaid managed~~
10 ~~care~~ meet at least four times annually to evaluate
11 state health policy and provide continuing oversight
12 for publicly funded programs, including but not limited
13 to all facets of the Medicaid and hawk-i programs
14 to, at a minimum, ensure effective and efficient
15 administration of these programs, address stakeholder
16 concerns, monitor program costs and expenditures, and
17 make recommendations relative to the programs.

18 Sec. 65. HEALTH POLICY OVERSIGHT COMMITTEE
19 — SUBJECT MATTER REVIEW FOR 2016 LEGISLATIVE
20 INTERIM. During the 2016 legislative interim, the
21 health policy oversight committee created in section
22 2.45 shall, as part of the committee's evaluation
23 of state health policy and review of all facets of
24 the Medicaid and hawk-i programs, review and make
25 recommendations regarding, at a minimum, all of the
26 following:

27 1. The resources and duties of the office of
28 long-term care ombudsman relating to the provision of
29 assistance to and advocacy for Medicaid recipients
30 to determine the designation of duties and level of
31 resources necessary to appropriately address the needs
32 of such individuals. The committee shall consider the
33 health consumer ombudsman alliance report submitted to
34 the general assembly in December 2015, as well as input
35 from the office of long-term care ombudsman and other

1 entities in making recommendations.

2 2. The health benefits and health benefit
3 utilization management criteria for the Medicaid
4 and hawk-i programs to determine the sufficiency
5 and appropriateness of the benefits offered and the
6 utilization of these benefits.

7 3. Prior authorization requirements relative
8 to benefits provided under the Medicaid and hawk-i
9 programs, including but not limited to pharmacy
10 benefits.

11 4. Consistency and uniformity in processes,
12 procedures, forms, and other activities across all
13 Medicaid and hawk-i program participating insurers and
14 managed care organizations, including but not limited
15 to cost and quality reporting, credentialing, billing,
16 prior authorization, and critical incident reporting.

17 5. Provider network adequacy including the use of
18 out-of-network and out-of-state providers.

19 6. The role and interplay of other advisory and
20 oversight entities, including but not limited to the
21 medical assistance advisory council and the hawk-i
22 board.

23 REVIEW OF PROGRAM INTEGRITY DUTIES

24 Sec. 66. REVIEW OF PROGRAM INTEGRITY DUTIES —
25 WORKGROUP — REPORT.

26 1. The director of human services shall convene
27 a workgroup comprised of members including the
28 commissioner of insurance, the auditor of state, the
29 Medicaid director and bureau chiefs of the managed care
30 organization oversight and supports bureau, the Iowa
31 Medicaid enterprise support bureau, and the medical
32 and long-term services and supports bureau, and a
33 representative of the program integrity unit, or their
34 designees; and representatives of other appropriate
35 state agencies or other entities including but not

1 limited to the office of the attorney general, the
2 office of long-term care ombudsman, and the Medicaid
3 fraud control unit of the investigations division
4 of the department of inspections and appeals. The
5 workgroup shall do all of the following:

6 a. Review the duties of each entity with
7 responsibilities relative to Medicaid program integrity
8 and managed care organizations; review state and
9 federal laws, regulations, requirements, guidance, and
10 policies relating to Medicaid program integrity and
11 managed care organizations; and review the laws of
12 other states relating to Medicaid program integrity
13 and managed care organizations. The workgroup shall
14 determine areas of duplication, fragmentation,
15 and gaps; shall identify possible integration,
16 collaboration and coordination of duties; and shall
17 determine whether existing general state Medicaid
18 program and fee-for-service policies, laws, and
19 rules are sufficient, or if changes or more specific
20 policies, laws, and rules are required to provide
21 for comprehensive and effective administration and
22 oversight of the Medicaid program including under the
23 fee-for-service and managed care methodologies.

24 b. Review historical uses of the Medicaid
25 fraud fund created in section 249A.50 and make
26 recommendations for future uses of the moneys in the
27 fund and any changes in law necessary to adequately
28 address program integrity.

29 c. Review medical loss ratio provisions relative
30 to Medicaid managed care contracts and make
31 recommendations regarding, at a minimum, requirements
32 for the necessary collection, maintenance, retention,
33 reporting, and sharing of data and information by
34 Medicaid managed care organizations for effective
35 determination of compliance, and to identify the

1 costs and activities that should be included in the
2 calculation of administrative costs, medical costs or
3 benefit expenses, health quality improvement costs,
4 and other costs and activities incidental to the
5 determination of a medical loss ratio.

6 d. Review the capacity of state agencies, including
7 the need for specialized training and expertise, to
8 address Medicaid and managed care organization program
9 integrity and provide recommendations for the provision
10 of necessary resources and infrastructure, including
11 annual budget projections.

12 e. Review the incentives and penalties applicable
13 to violations of program integrity requirements to
14 determine their adequacy in combating waste, fraud,
15 abuse, and other violations that divert limited
16 resources that would otherwise be expended to safeguard
17 the health and welfare of Medicaid recipients, and make
18 recommendations for necessary adjustments to improve
19 compliance.

20 f. Make recommendations regarding the quarterly and
21 annual auditing of financial reports required to be
22 performed for each Medicaid managed care organization
23 to ensure that the activities audited provide
24 sufficient information to the division of insurance
25 of the department of commerce and the department
26 of human services to ensure program integrity. The
27 recommendations shall also address the need for
28 additional audits or other reviews of managed care
29 organizations.

30 g. Review and make recommendations to prohibit
31 cost-shifting between state and local and public and
32 private funding sources for services and supports
33 provided to Medicaid recipients whether directly or
34 indirectly through the Medicaid program.

35 2. The department of human services shall submit

1 a report of the workgroup to the governor, the health
2 policy oversight committee created in section 2.45,
3 and the general assembly initially, on or before
4 November 15, 2016, and on or before November 15,
5 on an annual basis thereafter, to provide findings
6 and recommendations for a coordinated approach
7 to comprehensive and effective administration and
8 oversight of the Medicaid program including under the
9 fee-for-service and managed care methodologies.

10 MEDICAID OMBUDSMAN

11 Sec. 67. Section 231.44, Code 2016, is amended to
12 read as follows:

13 **231.44 Utilization of resources — assistance and**
14 **advocacy related to long-term services and supports**
15 **under the Medicaid program.**

16 1. The office of long-term care ombudsman ~~may~~
17 shall utilize its available resources to provide
18 assistance and advocacy services to eligible recipients
19 of long-term services and supports, or individuals
20 seeking long-term services and supports, and the
21 families or legal representatives of such eligible
22 ~~recipients, of long-term services and supports provided~~
23 through individuals under the Medicaid program. Such
24 assistance and advocacy shall include but is not
25 limited to all of the following:

26 a. Assisting ~~recipients~~ such individuals in
27 understanding the services, coverage, and access
28 provisions and their rights under Medicaid managed
29 care.

30 b. Developing procedures for the tracking and
31 reporting of the outcomes of individual requests for
32 assistance, the obtaining of necessary services and
33 supports, and other aspects of the services provided to
34 ~~eligible recipients~~ such individuals.

35 c. Providing advice and assistance relating to the

1 preparation and filing of complaints, grievances, and
2 appeals of complaints or grievances, including through
3 processes available under managed care plans and the
4 state appeals process, relating to long-term services
5 and supports under the Medicaid program.

6 d. Accessing the results of a review of a level
7 of care assessment or reassessment by a managed care
8 organization in which the managed care organization
9 recommends denial or limited authorization of a
10 service, including the type or level of service, the
11 reduction, suspension, or termination of a previously
12 authorized service, or a change in level of care, upon
13 the request of an affected individual.

14 e. Receiving notices of disenrollment or notices
15 that would result in a change in level of care for
16 affected individuals, including involuntary and
17 voluntary discharges or transfers, from the department
18 of human services or a managed care organization.

19 2. A representative of the office of long-term care
20 ombudsman providing assistance and advocacy services
21 authorized under [this section](#) for an individual,
22 shall be provided access to the individual, and shall
23 be provided access to the individual's medical and
24 social records as authorized by the individual or the
25 individual's legal representative, as necessary to
26 carry out the duties specified in [this section](#).

27 3. A representative of the office of long-term care
28 ombudsman providing assistance and advocacy services
29 authorized under [this section](#) for an individual, shall
30 be provided access to administrative records related to
31 the provision of the long-term services and supports to
32 the individual, as necessary to carry out the duties
33 specified in [this section](#).

34 4. The office of long-term care ombudsman and
35 representatives of the office, when providing

1 assistance and advocacy services under this section,
2 shall be considered a health oversight agency as
3 defined in 45 C.F.R. §164.501 for the purposes of
4 health oversight activities as described in 45 C.F.R.
5 §164.512(d) including access to the health records
6 and other appropriate information of an individual,
7 including from the department of human services or
8 the applicable Medicaid managed care organization,
9 as necessary to fulfill the duties specified under
10 this section. The department of human services,
11 in collaboration with the office of long-term care
12 ombudsman, shall adopt rules to ensure compliance
13 by affected entities with this subsection and to
14 ensure recognition of the office of long-term care
15 ombudsman as a duly authorized and identified agent or
16 representative of the state.

17 5. The department of human services and Medicaid
18 managed care organizations shall inform eligible
19 and potentially eligible Medicaid recipients of the
20 advocacy services and assistance available through the
21 office of long-term care ombudsman and shall provide
22 contact and other information regarding the advocacy
23 services and assistance to eligible and potentially
24 eligible Medicaid recipients as directed by the office
25 of long-term care ombudsman.

26 6. When providing assistance and advocacy services
27 under this section, the office of long-term care
28 ombudsman shall act as an independent agency, and the
29 office of long-term care ombudsman and representatives
30 of the office shall be free of any undue influence that
31 restrains the ability of the office or the office's
32 representatives from providing such services and
33 assistance.

34 7. The office of long-term care ombudsman shall, in
35 addition to other duties prescribed and at a minimum,

1 do all of the following in the furtherance of the
2 provision of advocacy services and assistance under
3 this section:

4 a. Represent the interests of eligible and
5 potentially eligible Medicaid recipients before
6 governmental agencies.

7 b. Analyze, comment on, and monitor the development
8 and implementation of federal, state, and local laws,
9 regulations, and other governmental policies and
10 actions, and recommend any changes in such laws,
11 regulations, policies, and actions as determined
12 appropriate by the office of long-term care ombudsman.

13 c. To maintain transparency and accountability for
14 activities performed under this section, including
15 for the purposes of claiming federal financial
16 participation for activities that are performed to
17 assist with administration of the Medicaid program:

18 (1) Have complete and direct responsibility for the
19 administration, operation, funding, fiscal management,
20 and budget related to such activities, and directly
21 employ, oversee, and supervise all paid and volunteer
22 staff associated with these activities.

23 (2) Establish separation-of-duties requirements,
24 provide limited access to work space and work
25 product for only necessary staff, and limit access to
26 documents and information as necessary to maintain the
27 confidentiality of the protected health information of
28 individuals served under this section.

29 (3) Collect and submit, annually, to the governor,
30 the health policy oversight committee created in
31 section 2.45, and the general assembly, all of the
32 following with regard to those seeking advocacy
33 services or assistance under this section:

34 (a) The number of contacts by contact type and
35 geographic location.

1 **(b) The type of assistance requested including the**
2 **name of the managed care organization involved, if**
3 **applicable.**

4 **(c) The time frame between the time of the initial**
5 **contact and when an initial response was provided.**

6 **(d) The amount of time from the initial contact to**
7 **resolution of the problem or concern.**

8 **(e) The actions taken in response to the request**
9 **for advocacy or assistance.**

10 **(f) The outcomes of requests to address problems or**
11 **concerns.**

12 ~~4.~~ **8.** For the purposes of **this section:**

13 ***a. "Institutional setting" includes a long-term care***
14 ***facility, an elder group home, or an assisted living***
15 ***program.***

16 ***b. "Long-term services and supports" means the broad***
17 ***range of health, health-related, and personal care***
18 ***assistance services and supports, provided in both***
19 ***institutional settings and home and community-based***
20 ***settings, necessary for older individuals and persons***
21 ***with disabilities who experience limitations in their***
22 ***capacity for self-care due to a physical, cognitive, or***
23 ***mental disability or condition.***

24 **Sec. 68. NEW SECTION. 231.44A Willful interference**
25 **with duties related to long-term services and supports**
26 **— penalty.**

27 Willful interference with a representative of the
28 office of long-term care ombudsman in the performance
29 of official duties in accordance with section 231.44
30 is a violation of section 231.44, subject to a penalty
31 prescribed by rule. The office of long-term care
32 ombudsman shall adopt rules specifying the amount of a
33 penalty imposed, consistent with the penalties imposed
34 under section 231.42, subsection 8, and specifying
35 procedures for notice and appeal of penalties imposed.

1 MEDICAL ASSISTANCE ADVISORY COUNCIL

2 Sec. 69. Section 249A.4B, Code 2016, is amended to
3 read as follows:

4 **249A.4B Medical assistance advisory council.**

5 1. A medical assistance advisory council is
6 created to comply with 42 C.F.R. §431.12 based on
7 section 1902(a)(4) of the federal Social Security Act
8 and to advise the director about health and medical
9 care services under the ~~medical assistance~~ Medicaid
10 program, participate in Medicaid policy development
11 and program administration, and provide guidance on
12 key issues related to the Medicaid program, whether
13 administered under a fee-for-service, managed care, or
14 other methodology, including but not limited to access
15 to care, quality of care, and service delivery.

16 a. The council shall have the opportunity for
17 participation in policy development and program
18 administration, including furthering the participation
19 of recipients of the program, and without limiting this
20 general authority shall specifically do all of the
21 following:

22 (1) Formulate, review, evaluate, and recommend
23 policies, rules, agency initiatives, and legislation
24 pertaining to the Medicaid program. The council shall
25 have the opportunity to comment on proposed rules
26 prior to commencement of the rulemaking process and on
27 waivers and state plan amendment applications.

28 (2) Prior to the annual budget development process,
29 engage in setting priorities, including consideration
30 of the scope and utilization management criteria
31 for benefits, beneficiary eligibility, provider and
32 services reimbursement rates, and other budgetary
33 issues.

34 (3) Provide oversight for and review of the
35 administration of the Medicaid program.

1 (4) Ensure that the membership of the council
2 effectively represents all relevant and concerned
3 viewpoints, particularly those of consumers, providers,
4 and the general public; create public understanding;
5 and ensure that the services provided under the
6 Medicaid program meet the needs of the people served.

7 b. The council shall meet no more than at least
8 quarterly, and prior to the next subsequent meeting
9 of the executive committee. The director of public
10 health The public member acting as a co-chairperson
11 of the executive committee and the professional or
12 business entity member acting as a co-chairperson of
13 the executive committee, shall serve as chairperson
14 co-chairpersons of the council.

15 2. The council shall include all of the following
16 voting members:

17 a. The president, or the president's
18 representative, of each of the following professional
19 or business entities, or a member of each of the
20 following professional or business entities, selected
21 by the entity:

22 (1) The Iowa medical society.

23 (2) The Iowa osteopathic medical association.

24 (3) The Iowa academy of family physicians.

25 (4) The Iowa chapter of the American academy of
26 pediatrics.

27 (5) The Iowa physical therapy association.

28 (6) The Iowa dental association.

29 (7) The Iowa nurses association.

30 (8) The Iowa pharmacy association.

31 (9) The Iowa podiatric medical society.

32 (10) The Iowa optometric association.

33 (11) The Iowa association of community providers.

34 (12) The Iowa psychological association.

35 (13) The Iowa psychiatric society.

1 (14) The Iowa chapter of the national association
2 of social workers.
3 (15) The coalition for family and children's
4 services in Iowa.
5 (16) The Iowa hospital association.
6 (17) The Iowa association of rural health clinics.
7 (18) The Iowa primary care association.
8 (19) Free clinics of Iowa.
9 (20) The opticians' association of Iowa, inc.
10 (21) The Iowa association of hearing health
11 professionals.
12 (22) The Iowa speech and hearing association.
13 (23) The Iowa health care association.
14 (24) The Iowa association of area agencies on
15 aging.
16 (25) AARP.
17 (26) The Iowa caregivers association.
18 (27) The Iowa coalition of home and community-based
19 services for seniors.
20 (28) The Iowa adult day services association.
21 (29) Leading age Iowa.
22 (30) The Iowa association for home care.
23 (31) The Iowa council of health care centers.
24 (32) The Iowa physician assistant society.
25 (33) The Iowa association of nurse practitioners.
26 (34) The Iowa nurse practitioner society.
27 (35) The Iowa occupational therapy association.
28 (36) The ARC of Iowa, formerly known as the
29 association for retarded citizens of Iowa.
30 (37) The national alliance for the mentally ill on
31 mental illness of Iowa.
32 (38) The Iowa state association of counties.
33 (39) The Iowa developmental disabilities council.
34 (40) The Iowa chiropractic society.
35 (41) The Iowa academy of nutrition and dietetics.

1 (42) The Iowa behavioral health association.
2 (43) The midwest association for medical equipment
3 services or an affiliated Iowa organization.
4 (44) The Iowa public health association.
5 (45) The epilepsy foundation.
6 (46) The Iowa podiatric medical society.
7 (47) The child and family policy center.
8 (48) Early childhood Iowa.
9 b. Public representatives which may include members
10 of consumer groups, including recipients of medical
11 assistance or their families, consumer organizations,
12 and others, which shall be appointed by the governor
13 in equal in number to the number of representatives of
14 the professional and business entities specifically
15 represented under paragraph "a", appointed by the
16 governor for staggered terms of two years each, none
17 of whom shall be members of, or practitioners of, or
18 have a pecuniary interest in any of the professional
19 or business entities specifically represented under
20 paragraph "a", and a majority of whom shall be current
21 or former recipients of medical assistance or members
22 of the families of current or former recipients.
23 3. The council shall include all of the following
24 nonvoting members:
25 ~~e.~~ a. The director of public health, or the
26 director's designee.
27 ~~d.~~ b. The director of the department on aging, or
28 the director's designee.
29 c. The state long-term care ombudsman, or the
30 ombudsman's designee.
31 d. The ombudsman appointed pursuant to section
32 2C.3, or the ombudsman's designee.
33 e. The dean of Des Moines university — osteopathic
34 medical center, or the dean's designee.
35 f. The dean of the university of Iowa college of

1 medicine, or the dean's designee.

2 g. The following members of the general assembly,
3 each for a term of two years as provided in section
4 69.16B:

5 (1) Two members of the house of representatives,
6 one appointed by the speaker of the house of
7 representatives and one appointed by the minority
8 leader of the house of representatives from their
9 respective parties.

10 (2) Two members of the senate, one appointed by the
11 president of the senate after consultation with the
12 majority leader of the senate and one appointed by the
13 minority leader of the senate.

14 ~~3.~~ 4. a. An executive committee of the council is
15 created and shall consist of the following members of
16 the council:

17 (1) As voting members:

18 (a) Five of the professional or business entity
19 members designated pursuant to [subsection 2](#), paragraph
20 "a", and selected by the members specified under that
21 paragraph.

22 ~~(2)~~ (b) Five of the public members appointed
23 pursuant to [subsection 2](#), paragraph "b", and selected
24 by the members specified under that paragraph. Of the
25 five public members, at least one member shall be a
26 recipient of medical assistance.

27 ~~(3)~~ (2) As nonvoting members:

28 (a) The director of public health, or the
29 director's designee.

30 (b) The director of the department on aging, or the
31 director's designee.

32 (c) The state long-term care ombudsman, or the
33 ombudsman's designee.

34 (d) The ombudsman appointed pursuant to section
35 2C.3, or the ombudsman's designee.

1 b. The executive committee shall meet on a monthly
2 basis. ~~The director of public health~~ A public member
3 of the executive committee selected by the public
4 members appointed pursuant to subsection 2, paragraph
5 "b", and a professional or business entity member of
6 the executive committee selected by the professional
7 or business entity members appointed pursuant to
8 subsection 2, paragraph "a", shall serve as chairperson
9 co-chairpersons of the executive committee.

10 c. Based upon the deliberations of the council and
11 the executive committee, the council and the executive
12 committee, respectively, shall make recommendations to
13 the director, to the health policy oversight committee
14 created in section 2.45, to the general assembly's
15 joint appropriations subcommittee on health and human
16 services, and to the general assembly's standing
17 committees on human resources regarding the budget,
18 policy, and administration of the medical assistance
19 program.

20 5. The council shall review Medicaid program
21 policies, administration, budget, and other factors
22 and issues including but not limited to stakeholder
23 safeguards; long-term services and supports;
24 transparency, data, and program evaluation; program
25 integrity; and the health workforce.

26 ~~4.~~ 6. For each council meeting or executive
27 committee meeting, a quorum shall consist of fifty
28 percent of the membership qualified to vote. Where a
29 quorum is present, a position is carried by a majority
30 of the members qualified to vote.

31 7. For each council meeting, other than those
32 held during the time the general assembly is in
33 session, each legislative member of the council shall
34 be reimbursed for actual travel and other necessary
35 expenses and shall receive a per diem as specified

1 in [section 7E.6](#) for each day in attendance, as shall
2 the members of the council or the executive committee,
3 for each day in attendance at a council or executive
4 committee meeting, who are recipients or the family
5 members of recipients of medical assistance, regardless
6 of whether the general assembly is in session.

7 ~~5.~~ 8. The department shall provide staff support
8 and independent technical assistance to the council and
9 the executive committee.

10 ~~6.~~ 9. The director shall ~~consider~~ comply with the
11 requirements of this section regarding the duties of
12 the council, and the deliberations and recommendations
13 ~~offered by~~ of the council and the executive committee
14 shall be reflected in the director's preparation of
15 medical assistance budget recommendations to the
16 council on human services pursuant to [section 217.3,](#)
17 ~~and in implementation of medical assistance program~~
18 policies, and in administration of the Medicaid
19 program.

20 10. The council and executive committee shall
21 jointly submit quarterly reports to the health policy
22 oversight committee created in section 2.45 and shall
23 jointly submit a report to the governor and the general
24 assembly initially by January 1, 2017, and annually,
25 therefore, summarizing the outcomes and findings of
26 their respective deliberations and any recommendations
27 including but not limited to those for changes in law
28 or policy.

29 11. The council and executive committee may enlist
30 the services of persons who are qualified by education,
31 expertise, or experience to advise, consult with, or
32 otherwise assist the council or executive committee
33 in the performance of their duties. The council
34 or executive committee may specifically enlist the
35 assistance of entities such as the university of Iowa

1 public policy center to provide ongoing evaluation
2 of the Medicaid program and to make evidence-based
3 recommendations to improve the program. The council
4 and the executive committee shall enlist input from
5 the patient-centered health advisory council created
6 in section 135.159, the mental health and disabilities
7 services commission created in section 225C.5, the
8 commission on aging created in section 231.11, the
9 bureau of substance abuse of the department of public
10 health, the Iowa developmental disabilities council,
11 and other appropriate state and local entities to
12 provide advice to the council and executive committee.

13 12. The department, in accordance with 42 C.F.R.
14 §431.12, shall seek federal financial participation
15 for the activities of the council and the executive
16 committee.

17 HAWK-I PROGRAM

18 Sec. 70. Section 514I.5, subsection 8, paragraph
19 d, Code 2016, is amended by adding the following new
20 subparagraph:

21 NEW SUBPARAGRAPH. (17) Occupational therapy.

22 Sec. 71. Section 514I.5, subsection 8, Code 2016,
23 is amended by adding the following new paragraph:

24 NEW PARAGRAPH. m. The definition of medically
25 necessary and the utilization management criteria under
26 the hawk-i program in order to ensure that benefits
27 are uniformly and consistently provided across all
28 participating insurers in the type and manner that
29 reflects and appropriately meets the needs, including
30 but not limited to the habilitative and rehabilitative
31 needs, of the child population including those children
32 with special health care needs.

33 MEDICAID PROGRAM POLICY IMPROVEMENT

34 Sec. 72. DIRECTIVES FOR MEDICAID PROGRAM POLICY
35 IMPROVEMENTS. In order to safeguard the interests

1 of Medicaid recipients, encourage the participation
2 of Medicaid providers, and protect the interests
3 of all taxpayers, the department of human services
4 shall comply with or ensure that the specified entity
5 complies with all of the following and shall amend
6 Medicaid managed care contract provisions as necessary
7 to reflect all of the following:

8 1. CONSUMER PROTECTIONS.

9 a. In accordance with 42 C.F.R. §438.420, a
10 Medicaid managed care organization shall continue a
11 recipient's benefits during an appeal process. If, as
12 allowed when final resolution of an appeal is adverse
13 to the Medicaid recipient, the Medicaid managed care
14 organization chooses to recover the costs of the
15 services furnished to the recipient while an appeal is
16 pending, the Medicaid managed care organization shall
17 provide adequate prior notice of potential recovery
18 of costs to the recipient at the time the appeal is
19 filed, and any costs recovered shall be remitted to the
20 department of human services.

21 b. Ensure that each Medicaid managed care
22 organization provides, at a minimum, all the benefits
23 and services deemed medically necessary including
24 transportation that were covered, including to the
25 extent and in the same manner and subject to the same
26 prior authorization criteria, by the state program
27 directly under fee for service prior to January 1,
28 2016. Benefits covered through Medicaid managed care
29 shall comply with the specific requirements in state
30 law applicable to the respective Medicaid recipient
31 population under fee for service.

32 c. Enhance monitoring of the reduction in or
33 suspension or termination of services provided to
34 Medicaid recipients, including reductions in the
35 provision of home and community-based services waiver

1 services or increases in home and community-based
2 services waiver waiting lists. Medicaid managed care
3 organizations shall provide data to the department
4 as necessary for the department to compile periodic
5 reports on the numbers of individuals transferred from
6 state institutions and long-term care facilities to
7 home and community-based services, and the associated
8 savings. Any savings resulting from the transfers as
9 certified by the department shall be remitted to the
10 department of human services.

11 d. (1) Require each Medicaid managed care
12 organization to adhere to reasonableness and service
13 authorization standards that are appropriate for and
14 do not disadvantage those individuals who have ongoing
15 chronic conditions or who require long-term services
16 and supports. Services and supports for individuals
17 with ongoing chronic conditions or who require
18 long-term services and supports shall be authorized in
19 a manner that reflects the recipient's continuing need
20 for such services and supports, and limits shall be
21 consistent with a recipient's current needs assessment
22 and person-centered service plan.

23 (2) In addition to other provisions relating to
24 community-based case management continuity of care
25 requirements, Medicaid managed care contractors shall
26 provide the option to the case manager of a Medicaid
27 recipient who retained the case manager during the
28 six months of transition to Medicaid managed care, if
29 the recipient chooses to continue to retain that case
30 manager beyond the six-month transition period and
31 if the case manager is not otherwise a participating
32 provider of the recipient's managed care organization
33 provider network, to enter into a single case agreement
34 to continue to provide case management services to the
35 Medicaid recipient.

1 e. Ensure that Medicaid recipients are provided
2 care coordination and case management by appropriately
3 trained professionals in a conflict-free manner. Care
4 coordination and case management shall be provided
5 in a patient-centered and family-centered manner
6 that requires a knowledge of community supports, a
7 reasonable ratio of care coordinators and case managers
8 to Medicaid recipients, standards for frequency of
9 contact with the Medicaid recipient, and specific and
10 adequate reimbursement.

11 f. A Medicaid managed care contract shall include
12 a provision for continuity and coordination of care
13 for a consumer transitioning to Medicaid managed care,
14 including maintaining existing provider-recipient
15 relationships and honoring the amount, duration, and
16 scope of a recipient's authorized services based on
17 the recipient's medical history and needs. In the
18 initial transition to Medicaid managed care, to ensure
19 the least amount of disruption, Medicaid managed
20 care organizations shall provide, at a minimum, a
21 one-year transition of care period for all provider
22 types, regardless of network status with an individual
23 Medicaid managed care organization.

24 g. Ensure that a Medicaid managed care organization
25 does not arbitrarily deny coverage for medically
26 necessary services based solely on financial reasons
27 and does not shift the responsibility for provision of
28 services or payment of costs of services to another
29 entity to avoid costs or attain savings.

30 h. Ensure that dental coverage, if not integrated
31 into an overall Medicaid managed care contract, is
32 part of the overall holistic, integrated coverage
33 for physical, behavioral, and long-term services and
34 supports provided to a Medicaid recipient.

35 i. Require each Medicaid managed care organization

1 to verify the offering and actual utilization of
2 services and supports and value-added services,
3 an individual recipient's encounters and the costs
4 associated with each encounter, and requests and
5 associated approvals or denials of services.
6 Verification of actual receipt of services and supports
7 and value-added services shall, at a minimum, consist
8 of comparing receipt of service against both what
9 was authorized in the recipient's benefit or service
10 plan and what was actually reimbursed. Value-added
11 services shall not be reportable as allowable medical
12 or administrative costs or factored into rate setting,
13 and the costs of value-added services shall not be
14 passed on to recipients or providers.

15 j. Provide periodic reports to the governor and
16 the general assembly regarding changes in quality of
17 care and health outcomes for Medicaid recipients under
18 managed care compared to quality of care and health
19 outcomes of the same populations of Medicaid recipients
20 prior to January 1, 2016.

21 k. Require each Medicaid managed care organization
22 to maintain records of complaints, grievances, and
23 appeals, and report the number and types of complaints,
24 grievances, and appeals filed, the resolution of each,
25 and a description of any patterns or trends identified
26 to the department of human services and the health
27 policy oversight committee created in section 2.45,
28 on a monthly basis. The department shall review and
29 compile the data on a quarterly basis and make the
30 compilations available to the public. Following review
31 of reports submitted by the department, a Medicaid
32 managed care organization shall take any corrective
33 action required by the department and shall be subject
34 to any applicable penalties.

35 1. Require Medicaid managed care organizations to

1 survey Medicaid recipients, to collect satisfaction
2 data using a uniform instrument, and to provide a
3 detailed analysis of recipient satisfaction as well as
4 various metrics regarding the volume of and timelines
5 in responding to recipient complaints and grievances as
6 directed by the department of human services.

7 m. Require managed care organizations to allow a
8 recipient to request that the managed care organization
9 enter into a single case agreement with a recipient's
10 out-of-network provider, including a provider outside
11 of the state, to provide for continuity of care when
12 the recipient has an existing relationship with the
13 provider to provide a covered benefit, or to ensure
14 adequate or timely access to a provider of a covered
15 benefit when the managed care organization provider
16 network cannot ensure such adequate or timely access.

17 2. CHILDREN.

18 a. (1) The hawk-i board shall retain all authority
19 specified under chapter 514I relative to the children
20 eligible under section 514I.8 to participate in the
21 hawk-i program, including but not limited to approving
22 any contract entered into pursuant to chapter 514I;
23 approving the benefit package design, reviewing the
24 benefit package design, and making necessary changes
25 to reflect the results of the reviews; and adopting
26 rules for the hawk-i program including those related
27 to qualifying standards for selecting participating
28 insurers for the program and the benefits to be
29 included in a health plan.

30 (2) The hawk-i board shall review benefit plans
31 and utilization review provisions and ensure that
32 benefits provided to children under the hawk-i program,
33 at a minimum, reflect those required by state law as
34 specified in section 514I.5, include both habilitative
35 and rehabilitative services, and are provided as

1 medically necessary relative to the child population
2 served and based on the needs of the program recipient
3 and the program recipient's medical history.

4 (3) The hawk-i board shall work with the department
5 of human services to coordinate coverage and care for
6 the population of children in the state eligible for
7 either Medicaid or hawk-i coverage so that, to the
8 greatest extent possible, the two programs provide for
9 continuity of care as children transition between the
10 two programs or to private health care coverage. To
11 this end, all contracts with participating insurers
12 providing coverage under the hawk-i program and with
13 all managed care organizations providing coverage for
14 children eligible for Medicaid shall do all of the
15 following:

16 (a) Specifically and appropriately address
17 the unique needs of children and children's health
18 delivery.

19 (b) Provide for the maintaining of child health
20 panels that include representatives of child health,
21 welfare, policy, and advocacy organizations in the
22 state that address child health and child well-being.

23 (c) Address early intervention and prevention
24 strategies, the provision of a child health care
25 delivery infrastructure for children with special
26 health care needs, utilization of current standards
27 and guidelines for children's health care and
28 pediatric-specific screening and assessment tools,
29 the inclusion of pediatric specialty providers in
30 the provider network, and the utilization of health
31 homes for children and youth with special health
32 care needs including intensive care coordination
33 and family support and access to a professional
34 family-to-family support system. Such contracts
35 shall utilize pediatric-specific quality measures

1 and assessment tools which shall align with existing
2 pediatric-specific measures as determined in
3 consultation with the child health panel and approved
4 by the hawk-i board.

5 (d) Provide special incentives for innovative
6 and evidence-based preventive, behavioral, and
7 developmental health care and mental health care
8 for children's programs that improve the life course
9 trajectory of these children.

10 (e) Provide that information collected from the
11 pediatric-specific assessments be used to identify
12 health risks and social determinants of health that
13 impact health outcomes. Such data shall be used in
14 care coordination and interventions to improve patient
15 outcomes and to drive program designs that improve the
16 health of the population. Aggregate assessment data
17 shall be shared with affected providers on a routine
18 basis.

19 b. In order to monitor the quality of and access
20 to health care for children receiving coverage under
21 the Medicaid program, each Medicaid managed care
22 organization shall uniformly report, in a template
23 format designated by the department of human services,
24 the number of claims submitted by providers and the
25 percentage of claims approved by the Medicaid managed
26 care organization for the early and periodic screening,
27 diagnostic, and treatment (EPSDT) benefit based
28 on the Iowa EPSDT care for kids health maintenance
29 recommendations, including but not limited to
30 physical exams, immunizations, the seven categories of
31 developmental and behavioral screenings, vision and
32 hearing screenings, and lead testing.

33 3. PROVIDER PARTICIPATION ENHANCEMENT.

34 a. Ensure that savings achieved through Medicaid
35 managed care does not come at the expense of further

1 reductions in provider rates. The department shall
2 ensure that Medicaid managed care organizations use
3 reasonable reimbursement standards for all provider
4 types and compensate providers for covered services at
5 not less than the minimum reimbursement established
6 by state law applicable to fee for service for a
7 respective provider, service, or product for a fiscal
8 year and as determined in conjunction with actuarially
9 sound rate setting procedures. Such reimbursement
10 shall extend for the entire duration of a managed care
11 contract.

12 b. To enhance continuity of care in the provision
13 of pharmacy services, Medicaid managed care
14 organizations shall utilize the same preferred drug
15 list, recommended drug list, prior authorization
16 criteria, and other utilization management strategies
17 that apply to the state program directly under fee for
18 service and shall apply other provisions of applicable
19 state law including those relating to chemically unique
20 mental health prescription drugs. Reimbursement rates
21 established under Medicaid managed care contracts for
22 ingredient cost reimbursement and dispensing fees shall
23 be subject to and shall reflect provisions of state
24 and federal law, including the minimum reimbursements
25 established in state law for fee for service for a
26 fiscal year.

27 c. Address rate setting and reimbursement of the
28 entire scope of services provided under the Medicaid
29 program to ensure the adequacy of the provider network
30 and to ensure that providers that contribute to the
31 holistic health of the Medicaid recipient, whether
32 inside or outside of the provider network, are
33 compensated for their services.

34 d. Managed care contractors shall submit financial
35 documentation to the department of human services

1 demonstrating payment of claims and expenses by
2 provider type.

3 e. Participating Medicaid providers under a managed
4 care contract shall be allowed to submit claims for up
5 to 365 days following discharge of a Medicaid recipient
6 from a hospital or following the date of service.

7 f. (1) Ensure that a Medicaid managed care
8 organization develops and maintains a provider network
9 of qualified providers who meet state licensing,
10 credentialing, and certification requirements, as
11 applicable, which network shall be sufficient to
12 provide adequate access to all services covered
13 including transportation and for all populations served
14 under the managed care contract. Medicaid managed
15 care organizations shall incorporate existing and
16 traditional providers, including but not limited to
17 those providers that comprise the Iowa collaborative
18 safety net provider network created in section 135.153,
19 into their provider networks.

20 (2) Ensure that respective Medicaid populations
21 are managed at all times within funding limitations
22 and contract terms. The department shall also
23 monitor service delivery and utilization to ensure
24 the responsibility for provision of services to
25 Medicaid recipients is not shifted to non-Medicaid
26 covered services to attain savings, and that such
27 responsibility is not shifted to mental health and
28 disability services regions, local public health
29 agencies, aging and disability resource centers,
30 or other entities unless agreement to provide, and
31 provision for adequate compensation for, such services
32 is agreed to between the affected entities in advance.

33 g. Medicaid managed care organizations shall
34 provide an enrolled Medicaid provider approved by the
35 department of human services the opportunity to be a

1 participating network provider.

2 h. Medicaid managed care organizations shall
3 include provider appeals and grievance procedures
4 that in part allow a provider to file a grievance
5 independently but on behalf of a Medicaid recipient
6 and to appeal claims denials which, if determined to
7 be based on claims for medically necessary services
8 whether or not denied on an administrative basis, shall
9 receive appropriate payment.

10 i. (1) Medicaid managed care organizations
11 shall include as primary care providers any provider
12 designated by the state as a primary care provider,
13 subject to a provider's respective state certification
14 standards, including but not limited to all of the
15 following:

16 (a) A physician who is a family or general
17 practitioner, a pediatrician, an internist, an
18 obstetrician, or a gynecologist.

19 (b) An advanced registered nurse practitioner.

20 (c) A physician assistant.

21 (d) A chiropractor licensed pursuant to chapter
22 151.

23 (2) A Medicaid managed care organization shall not
24 impose more restrictive, additional, or different scope
25 of practice requirements or standards of practice on a
26 primary care provider than those prescribed by state
27 law as a prerequisite for participation in the managed
28 care organization's provider network.

29 4. CAPITATION RATES AND MEDICAL LOSS RATIO.

30 a. Capitation rates shall be developed based on all
31 reasonable, appropriate, and attainable costs. Costs
32 that are not reasonable, appropriate, or attainable,
33 including but not limited to improper payment
34 recoveries, shall not be included in the development
35 of capitated rates.

1 b. Capitation rates for Medicaid recipients falling
2 within different rate cells shall not be expected to
3 cross-subsidize one another and the data used to set
4 capitation rates shall be relevant and timely and tied
5 to the appropriate Medicaid population.

6 c. Any increase in capitation rates for managed
7 care contractors is subject to prior statutory approval
8 and shall not exceed three percent over the existing
9 capitation rate in any one-year period or five percent
10 over the existing capitation rate in any two-year
11 period.

12 d. A managed care contract shall impose a minimum
13 Medicaid loss ratio of at least eighty-eight percent.
14 In calculating the medical loss ratio, medical costs
15 or benefit expenses shall include only those costs
16 directly related to patient medical care and not
17 ancillary expenses, including but not limited to any
18 of the following:

- 19 (1) Program integrity activities.
- 20 (2) Utilization review activities.
- 21 (3) Fraud prevention activities beyond the scope of
22 those activities necessary to recover incurred claims.
- 23 (4) Provider network development, education, or
24 management activities.
- 25 (5) Provider credentialing activities.
- 26 (6) Marketing expenses.
- 27 (7) Administrative costs associated with recipient
28 incentives.
- 29 (8) Clinical data collection activities.
- 30 (9) Claims adjudication expenses.
- 31 (10) Customer service or health care professional
32 hotline services addressing nonclinical recipient
33 questions.
- 34 (11) Value-added or cost-containment services,
35 wellness programs, disease management, and case

1 management or care coordination programs.

2 (12) Health quality improvement activities unless
3 specifically approved as a medical cost by state law.
4 Costs of health quality improvement activities included
5 in determining the medical loss ratio shall be only
6 those activities that are independent improvements
7 measurable in individual patients.

8 (13) Insurer claims review activities.

9 (14) Information technology costs unless they
10 directly and credibly improve the quality of health
11 care and do not duplicate, conflict with, or fail to be
12 compatible with similar health information technology
13 efforts of providers.

14 (15) Legal department costs including information
15 technology costs, expenses incurred for review and
16 denial of claims, legal costs related to defending
17 claims, settlements for wrongly denied claims, and
18 costs related to administrative claims handling
19 including salaries of administrative personnel and
20 legal costs.

21 (16) Taxes unrelated to premiums or the provision
22 of medical care. Only state and federal taxes and
23 licensing or regulatory fees relevant to actual
24 premiums collected, not including such taxes and fees
25 as property taxes, taxes on investment income, taxes on
26 investment property, and capital gains taxes, may be
27 included in determining the medical loss ratio.

28 e. (1) Provide enhanced guidance and criteria for
29 defining medical and administrative costs, recoveries,
30 and rebates including pharmacy rebates, and the
31 recording, reporting, and recoupment of such costs,
32 recoveries, and rebates realized.

33 (2) Medicaid managed care organizations shall
34 offset recoveries, rebates, and refunds against
35 medical costs, include only allowable administrative

1 expenses in the determination of administrative costs,
2 report costs related to subcontractors properly, and
3 have complete systems checks and review processes to
4 identify overpayment possibilities.

5 (3) Medicaid managed care contractors shall submit
6 publicly available, comprehensive financial statements
7 to the department of human services to verify that the
8 minimum medical loss ratio is being met and shall be
9 subject to periodic audits.

10 5. DATA AND INFORMATION, EVALUATION, AND OVERSIGHT.

11 a. Develop and administer a clear, detailed policy
12 regarding the collection, storage, integration,
13 analysis, maintenance, retention, reporting, sharing,
14 and submission of data and information from the
15 Medicaid managed care organizations and shall require
16 each Medicaid managed care organization to have in
17 place a data and information system to ensure that
18 accurate and meaningful data is available. At a
19 minimum, the data shall allow the department to
20 effectively measure and monitor Medicaid managed care
21 organization performance, quality, outcomes including
22 recipient health outcomes, service utilization,
23 finances, program integrity, the appropriateness
24 of payments, and overall compliance with contract
25 requirements; perform risk adjustments and determine
26 actuarially sound capitation rates and appropriate
27 provider reimbursements; verify that the minimum
28 medical loss ratio is being met; ensure recipient
29 access to and use of services; create quality measures;
30 and provide for program transparency.

31 b. Medicaid managed care organizations shall
32 directly capture and retain and shall report actual and
33 detailed medical claims costs and administrative cost
34 data to the department as specified by the department.
35 Medicaid managed care organizations shall allow the

1 department to thoroughly and accurately monitor the
2 medical claims costs and administrative costs data
3 Medicaid managed care organizations report to the
4 department.

5 c. Any audit of Medicaid managed care contracts
6 shall ensure compliance including with respect to
7 appropriate medical costs, allowable administrative
8 costs, the medical loss ratio, cost recoveries,
9 rebates, overpayments, and with specific contract
10 performance requirements.

11 d. The external quality review organization
12 contracting with the department shall review the
13 Medicaid managed care program to determine if the
14 state has sufficient infrastructure and controls in
15 place to effectively oversee the Medicaid managed care
16 organizations and the Medicaid program in order to
17 ensure, at a minimum, compliance with Medicaid managed
18 care organization contracts and to prevent fraud,
19 abuse, and overpayments. The results of any external
20 quality review organization review shall be submitted
21 to the governor, the general assembly, and the health
22 policy oversight committee created in section 2.45.

23 e. Publish benchmark indicators based on Medicaid
24 program outcomes from the fiscal year beginning July 1,
25 2015, to be used to compare outcomes of the Medicaid
26 program as administered by the state program prior
27 to July 1, 2015, to those outcomes of the program
28 under Medicaid managed care. The outcomes shall
29 include a comparison of actual costs of the program
30 as administered prior to and after implementation of
31 Medicaid managed care. The data shall also include
32 specific detail regarding the actual expenses incurred
33 by each managed care organization by specific provider
34 line of service.

35 f. Review and approve or deny approval of contract

1 amendments on an ongoing basis to provide for
2 continuous improvement in Medicaid managed care and
3 to incorporate any changes based on changes in law or
4 policy.

5 g. (1) Require managed care contractors to track
6 and report on a monthly basis to the department of
7 human services, at a minimum, all of the following:

8 (a) The number and details relating to prior
9 authorization requests and denials.

10 (b) The ten most common reasons for claims denials.
11 Information reported by a managed care contractor
12 relative to claims shall also include the number
13 of claims denied, appealed, and overturned based on
14 provider type and service type.

15 (c) Utilization of health care services by
16 diagnostic related group and ambulatory payment
17 classification as well as total claims volume.

18 (2) The department shall ensure the validity
19 of all information submitted by a Medicaid managed
20 care organization and shall make the monthly reports
21 available to the public.

22 h. Medicaid managed care organizations shall
23 maintain stakeholder panels comprised of an equal
24 number of Medicaid recipients and providers. Medicaid
25 managed care organizations shall provide for separate
26 provider-specific panels to address detailed payment,
27 claims, process, and other issues as well as grievance
28 and appeals processes.

29 i. Medicaid managed care contracts shall align
30 economic incentives, delivery system reforms, and
31 performance and outcome metrics with those of the state
32 innovation models initiatives and Medicaid accountable
33 care organizations. The department of human services
34 shall develop and utilize a common, uniform set of
35 process, quality, and consumer satisfaction measures

1 across all Medicaid payors and providers that align
2 with those developed through the state innovation
3 models initiative and shall ensure that such measures
4 are expanded and adjusted to address additional
5 populations and to meet population health objectives.
6 Medicaid managed care contracts shall include long-term
7 performance and outcomes goals that reward success in
8 achieving population health goals such as improved
9 community health metrics.

10 j. (1) Require consistency and uniformity of
11 processes, procedures, reports, and forms across
12 all Medicaid managed care organizations to reduce
13 the administrative burden to providers and consumers
14 and to increase efficiencies in the program. Such
15 requirements shall apply to but are not limited to
16 areas of uniform cost and quality reporting, uniform
17 prior authorization requirements and procedures,
18 uniform utilization management criteria, centralized,
19 uniform, and seamless credentialing requirements and
20 procedures, and uniform critical incident reporting.

21 (2) The department of human services shall
22 establish a comprehensive provider credentialing
23 process to be recognized and utilized by all Medicaid
24 managed care organization contractors. The process
25 shall meet the national committee for quality assurance
26 and other appropriate standards. The process shall
27 ensure that credentialing is completed in a timely
28 manner without disruption to provider billing
29 processes.

30 k. Medicaid managed care organizations and any
31 entity with which a managed care organization contracts
32 for the performance of services shall disclose at no
33 cost to the department all discounts, incentives,
34 rebates, fees, free goods, bundling arrangements, and
35 other agreements affecting the net cost of goods or

1 services provided under a managed care contract.

2 Sec. 73. RETROACTIVE APPLICABILITY. The section
3 of this division of this Act relating to directives
4 for Medicaid program policy improvements applies
5 retroactively to July 1, 2015.

6 Sec. 74. EFFECTIVE UPON ENACTMENT. This division
7 of this Act, being deemed of immediate importance,
8 takes effect upon enactment.

9 DIVISION XIV

10 CHILDREN'S MENTAL HEALTH AND WELL-BEING

11 Sec. 75. CHILDREN'S MENTAL HEALTH CRISIS SERVICES
12 — PLANNING GRANTS.

13 1. The department of human services shall establish
14 a request for proposals process, in cooperation
15 with the departments of public health and education
16 and the judicial branch, which shall be based upon
17 recommendations for children's mental health crisis
18 services described in the children's mental health and
19 well-being workgroup final report submitted to the
20 department on December 15, 2015.

21 2. Planning grants shall be awarded to two lead
22 entities. Each lead entity should be a member of
23 a specifically designated coalition of three to
24 four other entities that propose to serve different
25 geographically defined areas of the state, but a lead
26 entity shall not be a mental health and disability
27 services region.

28 3. The request for proposals shall require each
29 grantee to develop a plan for children's mental health
30 crisis services for the grantee's defined geographic
31 area that includes all of the following:

32 a. Identification of the existing children's mental
33 health crisis services in the defined area.

34 b. Identification of gaps in children's mental
35 health crisis services in the defined area.

1 c. A plan for collection of data that demonstrates
2 the effects of children's mental health crisis services
3 through the collection of outcome data and surveys of
4 the children affected and their families.

5 d. A method for using federal, state, and other
6 funding including funding currently available, to
7 implement and support children's mental health crisis
8 services.

9 e. Utilization of collaborative processes developed
10 from the recommendations from the children's mental
11 health and well-being workgroup final report submitted
12 to the department on December 15, 2015.

13 f. A recommendation for any additional state
14 funding needed to establish a children's mental health
15 crisis service system in the defined area.

16 g. A recommendation for statewide standard
17 requirements for children's mental health crisis
18 services, as defined in the children's mental health
19 and well-being workgroup final report submitted to the
20 department of human services on December 15, 2015,
21 including but not limited to all of the following:

22 (1) Standardized primary care practitioner
23 screenings.

24 (2) Standardized mental health crisis screenings.

25 (3) Standardized mental health and substance use
26 disorder assessments.

27 (4) Requirements for certain inpatient psychiatric
28 hospitals and psychiatric medical institutions for
29 children to accept and treat all children regardless of
30 the acuity of their condition.

31 4. Each grantee shall submit a report to the
32 department by December 15, 2016. The department
33 shall combine the essentials of each report and shall
34 submit a report to the general assembly by January
35 15, 2017, regarding the department's conclusions and

1 recommendations.

2 Sec. 76. CHILDREN'S WELL-BEING LEARNING LABS. The
3 department of human services, utilizing existing
4 departmental resources and with the continued
5 assistance of a private child welfare foundation
6 focused on improving child well-being, shall study
7 and collect data on emerging, collaborative efforts
8 in existing programs engaged in addressing well-being
9 for children with complex needs and their families in
10 communities across the state. The department shall
11 establish guidelines based upon recommendations in
12 the children's mental health and well-being workgroup
13 final report submitted to the department on December
14 15, 2015, to select three to five such programs to
15 be designated learning labs to enable the department
16 to engage in a multi-site learning process during the
17 2016 calendar year with a goal of creating an expansive
18 structured learning network. The department shall
19 submit a report with recommendations including lessons
20 learned, suggested program design refinements, and
21 implications for funding, policy changes, and best
22 practices to the general assembly by January 15, 2017.

23 Sec. 77. DEPARTMENT OF HUMAN SERVICES — ADDITIONAL
24 STUDY REPORTS. The department of human services shall,
25 in consultation with the department of public health,
26 the mental health and disability services commission,
27 and the mental health planning council, submit a
28 report with recommendations to the general assembly by
29 December 15, 2016, regarding all of the following:

30 1. The creation and implementation of a statewide
31 children's mental health crisis service system to
32 include but not be limited to an inventory of all
33 current children's mental health crisis service systems
34 in the state including children's mental health crisis
35 service system telephone lines. The report shall

1 include recommendations regarding proposed changes to
2 improve the effectiveness of and access to children's
3 mental health crisis services.

4 2. The development and implementation of a
5 children's mental health public education and awareness
6 campaign that targets the reduction of stigma for
7 children with mental illness and that supports children
8 with mental illness and their families in seeking
9 effective treatment. The plan shall include potential
10 methods for funding such a campaign.

11 Sec. 78. CHILDREN'S MENTAL HEALTH AND WELL-BEING
12 ADVISORY COMMITTEE. The department of human services
13 shall create and provide support to a children's mental
14 health and well-being advisory committee to continue
15 the coordinated efforts of the children's mental health
16 subcommittee and the children's well-being subcommittee
17 of the children's mental health and well-being
18 workgroup. Consideration shall be given to continued
19 service by members of the children's mental health and
20 well-being workgroup created pursuant to 2015 Iowa
21 Acts, ch. 137, and representatives from the departments
22 of human services, public health, and education; the
23 judicial branch; and other appropriate stakeholders
24 designated by the director. The advisory committee
25 shall do all of the following:

26 1. Provide guidance regarding implementation of
27 the recommendations in the children's mental health
28 and well-being workgroup final report submitted to the
29 department on December 15, 2015, and subsequent reports
30 required by this Act.

31 2. Select and study additional children's
32 well-being learning labs to assure a continued
33 commitment to joint learning and comparison for all
34 learning lab sites.

35 DIVISION XV

OPIOID ANTAGONIST REVISION

Sec. 79. Section 135.190, subsection 1, as enacted by 2016 Iowa Acts, Senate File 2218, section 1, is amended by adding the following new paragraph:

NEW PARAGRAPH. 0a. *"Licensed health care professional"* means the same as defined in section 280.16.

Sec. 80. Section 135.190, as enacted by 2016 Iowa Acts, Senate File 2218, section 1, is amended by adding the following new subsections:

NEW SUBSECTION. 1A. a. Notwithstanding any other provision of law to the contrary, a licensed health care professional may prescribe an opioid antagonist to a person in a position to assist.

b. (1) Notwithstanding any other provision of law to the contrary, a pharmacist licensed under chapter 155A may, by standing order or through collaborative agreement, dispense, furnish, or otherwise provide an opioid antagonist to a person in a position to assist.

(2) A pharmacist who dispenses, furnishes, or otherwise provides an opioid antagonist pursuant to a valid prescription, standing order, or collaborative agreement shall provide instruction to the recipient in accordance with any protocols and instructions developed by the department under this section.

NEW SUBSECTION. 4. The department may adopt rules pursuant to chapter 17A to implement and administer this section.

Sec. 81. Section 135.190, subsection 3, as enacted by 2016 Iowa Acts, Senate File 2218, section 1, is amended to read as follows:

3. A person in a position to assist or a prescriber of an opioid antagonist who has acted reasonably and in good faith shall not be liable for any injury arising from the provision, administration, or assistance in

1 the administration of an opioid antagonist as provided
2 in this section.

3 Sec. 82. Section 147A.18, subsections 1 and 5, as
4 enacted by 2016 Iowa Acts, Senate File 2218, section 3,
5 are amended to read as follows:

6 1. a. Notwithstanding any other provision of law
7 to the contrary, a licensed health care professional
8 may prescribe an opioid antagonist in the name of
9 a service program, law enforcement agency, or fire
10 department to be maintained for use as provided in this
11 section.

12 b. (1) Notwithstanding any other provision of law
13 to the contrary, a pharmacist licensed under chapter
14 155A may, by standing order or through collaborative
15 agreement, dispense, furnish, or otherwise provide an
16 opioid antagonist in the name of a service program, law
17 enforcement agency, or fire department to be maintained
18 for use as provided in this section.

19 (2) A pharmacist who dispenses, furnishes, or
20 otherwise provides an opioid antagonist pursuant to a
21 valid prescription, standing order, or collaborative
22 agreement shall provide instruction to the recipient
23 in accordance with the protocols and instructions
24 developed by the department under this section.

25 5. The department ~~shall~~ may adopt rules pursuant
26 to chapter 17A to implement and administer this
27 section, ~~including but not limited to standards~~
28 ~~and procedures for the prescription, distribution,~~
29 ~~storage, replacement, and administration of opioid~~
30 ~~antagonists, and for the training and authorization~~
31 ~~to be required for first responders to administer an~~
32 ~~opioid antagonist.~~

33 Sec. 83. OPIOID ANTAGONIST IMPLEMENTATION
34 CONTINGENCY. 2016 Iowa Acts, Senate File 2218, section
35 4, is repealed.

1 Sec. 84. 2016 Iowa Acts, Senate File 2218, as
2 enacted, is amended by adding the following new
3 section:

4 NEW SECTION. SEC. ____ . EFFECTIVE UPON ENACTMENT.
5 This Act, being deemed of immediate importance, takes
6 effect upon enactment.

7 Sec. 85. EFFECTIVE DATE. This division of this
8 Act, being deemed of immediate importance, takes effect
9 upon enactment.

10 Sec. 86. RETROACTIVE APPLICABILITY. This division
11 of this Act applies retroactively to April 6, 2016.

12 DIVISION XVI

13 NURSING GRANT PROGRAMS

14 Sec. 87. Section 135.178, Code 2016, is amended to
15 read as follows:

16 **135.178 Nurse residency state matching grants**
17 **program —repeal.**

18 ~~1.~~ The department shall establish a nurse residency
19 state matching grants program to provide matching state
20 funding to sponsors of nurse residency programs in this
21 state to establish, expand, or support nurse residency
22 programs that meet standards adopted by rule of the
23 department. Funding for the program may be provided
24 through the health care workforce shortage fund or
25 the nurse residency state matching grants program
26 account created in [section 135.175](#). The department,
27 in cooperation with the Iowa board of nursing, the
28 department of education, Iowa institutions of higher
29 education with board of nursing-approved programs
30 to educate nurses, and the Iowa nurses association,
31 shall adopt rules pursuant to [chapter 17A](#) to establish
32 minimum standards for nurse residency programs to be
33 eligible for a matching grant that address all of the
34 following:

35 ~~a.~~ 1. Eligibility requirements for and

1 qualifications of a sponsor of a nurse residency
2 program to receive a grant, including that the program
3 includes both rural and urban components.

4 ~~b.~~ 2. The application process for the grant.

5 ~~c.~~ 3. Criteria for preference in awarding of the
6 grants.

7 ~~d.~~ 4. Determination of the amount of a grant.

8 ~~e.~~ 5. Use of the funds awarded. Funds may be
9 used to pay the costs of establishing, expanding, or
10 supporting a nurse residency program as specified in
11 this section, including but not limited to the costs
12 associated with residency stipends and nursing faculty
13 stipends.

14 ~~2. This section is repealed June 30, 2016.~~

15 Sec. 88. Section 261.129, Code 2016, is amended to
16 read as follows:

17 **261.129 Iowa needs nurses now initiative —repeal.**

18 1. *Nurse educator incentive payment program.*

19 a. The commission shall establish a nurse educator
20 incentive payment program. Funding for the program
21 may be provided through the health care workforce
22 shortage fund or the health care professional and
23 Iowa needs nurses now initiative account created in
24 section 135.175. For the purposes of **this subsection**,
25 "nurse educator" means a registered nurse who holds a
26 master's degree or doctorate degree and is employed
27 as a faculty member who teaches nursing in a nursing
28 education program as provided in **655 IAC 2.6** at a
29 community college, an accredited private institution,
30 or an institution of higher education governed by the
31 state board of regents.

32 b. The program shall consist of incentive payments
33 to recruit and retain nurse educators. The program
34 shall provide for incentive payments of up to twenty
35 thousand dollars for a nurse educator who remains

1 teaching in a qualifying teaching position for a period
2 of not less than four consecutive academic years.

3 c. The nurse educator and the commission shall
4 enter into an agreement specifying the obligations of
5 the nurse educator and the commission. If the nurse
6 educator leaves the qualifying teaching position prior
7 to teaching for four consecutive academic years, the
8 nurse educator shall be liable to repay the incentive
9 payment amount to the state, plus interest as specified
10 by rule. However, if the nurse educator leaves the
11 qualifying teaching position involuntarily, the nurse
12 educator shall be liable to repay only a pro rata
13 amount of the incentive payment based on incompleting
14 years of service.

15 d. The commission, in consultation with the
16 department of public health, the board of nursing,
17 the department of education, and the Iowa nurses
18 association, shall adopt rules pursuant to [chapter 17A](#)
19 relating to the establishment and administration of the
20 nurse educator incentive payment program. The rules
21 shall include provisions specifying what constitutes a
22 qualifying teaching position.

23 2. *Nursing faculty fellowship program.*

24 a. The commission shall establish a nursing faculty
25 fellowship program to provide funds to nursing schools
26 in the state, including but not limited to nursing
27 schools located at community colleges, for fellowships
28 for individuals employed in qualifying positions on
29 the nursing faculty. Funding for the program may be
30 provided through the health care workforce shortage
31 fund or the health care professional and the Iowa
32 needs nurses now initiative account created in section
33 135.175. The program shall be designed to assist
34 nursing schools in filling vacancies in qualifying
35 positions throughout the state.

1 **b.** The commission, in consultation with the
2 department of public health, the board of nursing,
3 the department of education, and the Iowa nurses
4 association, and in cooperation with nursing schools
5 throughout the state, shall develop a distribution
6 formula which shall provide that no more than thirty
7 percent of the available moneys are awarded to a single
8 nursing school. Additionally, the program shall limit
9 funding for a qualifying position in a nursing school
10 to no more than ten thousand dollars per year for up
11 to three years.

12 **c.** The commission, in consultation with the
13 department of public health, the board of nursing,
14 the department of education, and the Iowa nurses
15 association, shall adopt rules pursuant to [chapter 17A](#)
16 to administer the program. The rules shall include
17 provisions specifying what constitutes a qualifying
18 position at a nursing school.

19 **d.** In determining eligibility for a fellowship, the
20 commission shall consider all of the following:

21 (1) The length of time a qualifying position has
22 gone unfilled at a nursing school.

23 (2) Documented recruiting efforts by a nursing
24 school.

25 (3) The geographic location of a nursing school.

26 (4) The type of nursing program offered at the
27 nursing school, including associate, bachelor's,
28 master's, or doctoral degrees in nursing, and the need
29 for the specific nursing program in the state.

30 **3. Nurse educator scholarship program.**

31 **a.** The commission shall establish a nurse educator
32 scholarship program. Funding for the program may be
33 provided through the health care workforce shortage
34 fund or the health care professional and the Iowa
35 needs nurses now initiative account created in section

1 135.175. The goal of the nurse educator scholarship
2 program is to address the waiting list of qualified
3 applicants to Iowa's nursing schools by providing
4 incentives for the training of additional nursing
5 educators. For the purposes of [this subsection](#), "nurse
6 educator" means a registered nurse who holds a master's
7 degree or doctorate degree and is employed as a faculty
8 member who teaches nursing in a nursing education
9 program as provided in [655 IAC 2.6](#) at a community
10 college, an accredited private institution, or an
11 institution of higher education governed by the state
12 board of regents.

13 *b.* The program shall consist of scholarships to
14 further advance the education of nurses to become nurse
15 educators. The program shall provide for scholarship
16 payments in an amount established by rule for students
17 who are preparing to teach in qualifying teaching
18 positions.

19 *c.* The commission, in consultation with the
20 department of public health, the board of nursing,
21 the department of education, and the Iowa nurses
22 association, shall adopt rules pursuant to chapter
23 17A relating to the establishment and administration
24 of the nurse educator scholarship program. The rules
25 shall include provisions specifying what constitutes
26 a qualifying teaching position and the amount of any
27 scholarship.

28 *4. Nurse educator*
29 *scholarship-in-exchange-for-service program.*

30 *a.* The commission shall establish a nurse educator
31 scholarship-in-exchange-for-service program. Funding
32 for the program may be provided through the health care
33 workforce shortage fund or the health care professional
34 and Iowa needs nurses now initiative account created
35 in [section 135.175](#). The goal of the nurse educator

1 scholarship-in-exchange-for-service program is to
2 address the waiting list of qualified applicants to
3 Iowa's nursing schools by providing incentives for the
4 education of additional nursing educators. For the
5 purposes of [this subsection](#), "*nurse educator*" means
6 a registered nurse who holds a master's degree or
7 doctorate degree and is employed as a faculty member
8 who teaches nursing in a nursing education program
9 as provided in [655 IAC 2.6](#) at a community college,
10 an accredited private institution, or an institution
11 of higher education governed by the state board of
12 regents.

13 **b.** The program shall consist of scholarships to
14 further advance the education of nurses to become
15 nurse educators. The program shall provide for
16 scholarship-in-exchange-for-service payments in
17 an amount established by rule for students who are
18 preparing to teach in qualifying teaching positions for
19 a period of not less than four consecutive academic
20 years.

21 **c.** The scholarship-in-exchange-for-service
22 recipient and the commission shall enter into an
23 agreement specifying the obligations of the applicant
24 and the commission. If the nurse educator leaves the
25 qualifying teaching position prior to teaching for four
26 consecutive academic years, the nurse educator shall be
27 liable to repay the scholarship-in-exchange-for-service
28 amount to the state plus interest as specified by rule.
29 However, if the nurse educator leaves the qualified
30 teaching position involuntarily, the nurse educator
31 shall be liable to repay only a pro rata amount of the
32 scholarship based on incomplete years of service.

33 **d.** The receipt of a nurse educator
34 scholarship-in-exchange-for-service shall not
35 impact eligibility of an individual for other

1 financial incentives including but not limited to loan
2 forgiveness programs.

3 e. The commission, in consultation with
4 the department of public health, the board of
5 nursing, the department of education, and the Iowa
6 nurses association, shall adopt rules pursuant
7 to chapter 17A relating to the establishment
8 and administration of the nurse educator
9 scholarship-in-exchange-for-service program. The
10 rules shall include the provisions specifying what
11 constitutes a qualifying teaching position and the
12 amount of any scholarship-in-exchange-for-service.

13 ~~5. Repeal. This section is repealed June 30, 2016.~~

14 Sec. 89. EFFECTIVE UPON ENACTMENT. This division
15 of this Act, being deemed of immediate importance,
16 takes effect upon enactment.

17 Sec. 90. RETROACTIVE APPLICABILITY. This division
18 of this Act is retroactively applicable to June 30,
19 2016.

20 DIVISION XVII

21 NON-STATE GOVERNMENT-OWNED NURSING FACILITY UPPER 22 PAYMENT LIMIT SUPPLEMENTAL PAYMENT PROGRAM

23 Sec. 91. Section 249L.2, Code 2016, is amended by
24 adding the following new subsections:

25 NEW SUBSECTION. 5A. *"Non-state governmental entity"*
26 means a hospital authority, hospital district, health
27 care district, city, or county.

28 NEW SUBSECTION. 5B. *"Non-state government-owned
29 nursing facility"* means a nursing facility owned or
30 operated by a non-state governmental entity for which
31 a non-state governmental entity holds the nursing
32 facility's license and is party to the nursing
33 facility's Medicaid contract.

34 Sec. 92. Section 249L.2, subsection 6, Code 2016,
35 is amended to read as follows:

1 6. *"Nursing facility"* means a licensed nursing
2 facility as defined in [section 135C.1](#) that is a
3 freestanding facility or a nursing facility operated by
4 a hospital licensed pursuant to [chapter 135B](#), but does
5 not include a distinct-part skilled nursing unit or a
6 swing-bed unit operated by a hospital, or a nursing
7 facility owned by the state or federal government ~~or~~
8 ~~other governmental unit.~~ *"Nursing facility"* includes
9 a non-state government-owned nursing facility if
10 the nursing facility participates in the non-state
11 government-owned nursing facility upper payment limit
12 supplemental payment program.

13 Sec. 93. NON-STATE GOVERNMENT-OWNED NURSING
14 FACILITY UPPER PAYMENT LIMIT SUPPLEMENTAL PAYMENT
15 PROGRAM.

16 1. The department of human services shall submit,
17 to the centers for Medicare and Medicaid services
18 (CMS) of the United States department of health and
19 human services, a Medicaid state plan amendment to
20 allow qualifying non-state government-owned nursing
21 facilities to receive a supplemental payment in
22 accordance with the upper payment limit requirements
23 pursuant to 42 C.F.R. §447.272. The supplemental
24 payment shall be in addition to the greater of the
25 Medicaid fee-for-service per diem reimbursement rate
26 or the per diem payment established for the nursing
27 facility under a Medicaid managed care contract.

28 2. At a minimum, the Medicaid state plan amendment
29 shall provide for all of the following:

30 a. A non-state governmental entity shall provide
31 the state share of the expected supplemental payment in
32 the form of an intergovernmental transfer to the state.

33 b. The state shall claim federal matching funds and
34 shall make supplemental payments to eligible non-state
35 governmental entities based on the supplemental amount

1 as calculated by the state for each nursing facility
2 for which a non-state governmental entity owns the
3 nursing facility's license. A managed care contractor
4 shall not retain any portion of the supplemental
5 payment, but shall treat the supplemental payment
6 as a pass through payment to the eligible non-state
7 governmental entity.

8 c. The supplemental payment program shall be budget
9 neutral to the state. No general fund revenue shall
10 be expended under the program including for costs
11 of administration. If payments under the program
12 result in overpayment to a nursing facility, or if CMS
13 disallows federal participation related to a nursing
14 facility's receipt or use of supplemental payments
15 authorized under the program, the state may recoup
16 an amount equivalent to the amount of supplemental
17 payments overpaid or disallowed. Supplemental payments
18 shall be subject to any adjustment for payments made in
19 error, including but not limited to adjustments made
20 by state or federal law, and the state may recoup an
21 amount equivalent to any such adjustment.

22 d. A nursing facility participating in the program
23 shall notify the state of any changes in ownership that
24 may affect the nursing facility's continued eligibility
25 for the program within thirty days of any such change.

26 e. No portion of the supplemental payment paid
27 to a participating nursing facility may be used for
28 contingent fees. Expenditures for development fees,
29 legal fees, or consulting fees shall not exceed five
30 percent of the supplemental funds received, annually,
31 and any such expenditures shall be reported to the
32 department of human services, and included in the
33 department's annual report pursuant to subsection 3.

34 f. The supplemental payment paid to a participating
35 nursing facility shall only be used as specified in

1 state and federal law. Supplemental payments paid to
2 a participating nursing facility shall only be used as
3 follows:

4 (1) A portion of the amount received may be used
5 for nursing facility quality improvement initiatives
6 including but not limited to educational scholarships
7 and nonmandatory training. Priority in the awarding
8 of contracts for such training shall be for Iowa-based
9 organizations.

10 (2) A portion of the amount received may be
11 used for nursing facility remodeling or renovation.
12 Priority in the awarding of contracts for such
13 remodeling or renovations shall be for Iowa-based
14 organizations and skilled laborers.

15 (3) A portion of the amount received may be used
16 for health information technology infrastructure and
17 software. Priority in the awarding of contracts for
18 such health information technology infrastructure and
19 software shall be for Iowa-based organizations.

20 (4) A portion of the amount received may be
21 used for endowments to offset costs associated with
22 maintenance of hospitals licensed under chapter 135B
23 and nursing facilities licensed under chapter 135C.

24 g. A non-state governmental entity shall only
25 be eligible for supplemental payments attributable
26 to up to 10 percent of the potential non-state
27 government-owned nursing facilities licensed in the
28 state.

29 3. Following receipt of approval and implementation
30 of the program, the department shall submit a report to
31 the governor and the general assembly, annually, on or
32 before December 15, regarding the program. The report
33 shall include, at a minimum, the name and location
34 of participating non-state governmental entities and
35 the non-state government-owned nursing facilities

1 with which the non-state governmental entities have
2 partnered to participate in the program; the amount
3 of the matching funds provided by each non-state
4 governmental entity; the net supplemental payment
5 amount received by each participating non-governmental
6 entity and non-state government-owned nursing facility;
7 and the amount expended for each of the specified
8 categories of approved expenditure.

9 4. The department of human services shall work
10 collaboratively with representatives of nursing
11 facilities, hospitals, and other affected stakeholders
12 in adopting administrative rules, and in implementing
13 and administering this program.

14 5. As used in this section:

15 a. "Non-state governmental entity" means a hospital
16 authority, hospital district, health care district,
17 city, or county.

18 b. "Non-state government-owned nursing facility"
19 means a nursing facility owned or operated by a
20 non-state governmental entity for which a non-state
21 governmental entity holds the nursing facility's
22 license and is party to the nursing facility's Medicaid
23 contract.

24 Sec. 94. EFFECTIVE UPON ENACTMENT. This division
25 of this Act, being deemed of immediate importance,
26 takes effect upon enactment.

27 Sec. 95. IMPLEMENTATION PROVISIONS.

28 1. The section of this division of this Act
29 directing the department of human services to submit
30 a Medicaid state plan amendment to CMS shall be
31 implemented as soon as possible following enactment,
32 consistent with all applicable federal requirements.

33 2. The sections of this division of this Act
34 amending section 249L.2, shall only be implemented upon
35 receipt by the department of human services of approval

1 of the Medicaid state plan amendment by the centers for
2 Medicare and Medicaid services of the United States
3 department of health and human services, and if such
4 approval is received, are applicable no earlier than
5 the first day of the calendar quarter following the
6 date of receipt of such approval.

7 DIVISION XVIII

8 TRAUMA CARE SYSTEM

9 Sec. 96. Section 147A.23, subsection 2, paragraph
10 c, Code 2016, is amended to read as follows:

11 c. (1) Upon verification and the issuance of a
12 certificate of verification, a hospital or emergency
13 care facility agrees to maintain a level of commitment
14 and resources sufficient to meet responsibilities
15 and standards as required by the trauma care
16 criteria established by rule under [this subchapter](#).
17 Verifications are valid for a period of three years
18 or as determined by the department and are renewable.
19 As part of the verification and renewal process, the
20 department may conduct periodic on-site reviews of the
21 services and facilities of the hospital or emergency
22 care facility.

23 (2) Notwithstanding subparagraph (1), the
24 department shall not decrease a level II certificate
25 of verification issued to a trauma care facility by
26 the department on or before July 1, 2015, unless the
27 facility subsequently fails to comply with the trauma
28 care criteria established in administrative rules in
29 effect on July 1, 2015.

30 Sec. 97. EFFECTIVE UPON ENACTMENT. This division
31 of this Act, being deemed of immediate importance,
32 takes effect upon enactment.

33 Sec. 98. RETROACTIVE APPLICABILITY. This division
34 of this Act applies retroactively to June 30, 2015.

35 DIVISION XIX

1 contingent upon the continuation of sustainable service
2 funding relationships between the counties in the
3 region for the fiscal year beginning July 1, 2016,
4 and ending June 20, 2017. The department and the
5 region shall enter into a memorandum of understanding
6 regarding the use of the moneys prior to the region's
7 receipt of the moneys under this subsection.

8 3. There is appropriated from the general fund of
9 the state to the department of human services for the
10 fiscal year beginning July 1, 2016, and ending June 30,
11 2017, the following amount, or so much thereof as is
12 necessary, to be used for the purpose designated:

13 For a grant to a single-county mental health and
14 disability services region with a population of over
15 350,000 as determined by the latest federal decennial
16 census, for the provision of mental health and
17 disability services within the region:

18 \$ 2,500,000

19 The department and the region shall enter into
20 a memorandum of understanding regarding the use of
21 the moneys and detailing the provisions of the plan
22 prior to the region's receipt of moneys under this
23 subsection.

24 4. The department shall distribute moneys
25 appropriated in this section within 60 days of the date
26 of signing of the memorandum of understanding between
27 the department and each region.

28 5. Moneys awarded under this section shall be used
29 by the regions consistent with each region's service
30 system management plan as approved by the department.

31 DIVISION XX

32 MENTAL HEALTH AND DISABILITY SERVICES REDESIGN PROGRESS

33 REPORT

34 Sec. 100. MENTAL HEALTH AND DISABILITY SERVICES
35 REDESIGN PROGRESS REPORT. The department of human

1 services shall review and report progress on the
2 implementation of the adult mental health and
3 disability services redesign and shall identify
4 any challenges faced in achieving the goals of the
5 redesign. The progress report shall include but
6 not be limited to information regarding the mental
7 health and disability services regional service system
8 including governance, management, and administration;
9 the implementation of best practices including
10 evidence-based best practices; the availability of,
11 access to, and provision of initial core services
12 and additional core services to and for required
13 core service populations and additional core service
14 populations; and the financial stability and fiscal
15 viability of the redesign. The department shall
16 submit its report with findings to the governor and the
17 general assembly no later than November 15, 2016.

18 DIVISION XXI

19 REFUGEEERISE AMERICORPS PROGRAM

20 Sec. 101. Section 15H.5, subsection 5, paragraph a,
21 Code 2016, is amended to read as follows:

22 a. Funding for the Iowa summer youth corps program,
23 the Iowa green corps program established pursuant
24 to [section 15H.6](#), and the Iowa reading corps program
25 established pursuant to [section 15H.7](#), and the
26 RefugeeERISE AmeriCorps program established pursuant to
27 section 15H.8, shall be obtained from private sector,
28 and local, state, and federal government sources, or
29 from other available funds credited to the community
30 programs account, which shall be created within the
31 economic development authority under the authority of
32 the commission. Moneys available in the account for a
33 fiscal year are appropriated to the commission to be
34 used for the programs. The commission may establish an
35 escrow account within the authority and obligate moneys

1 within that escrow account for tuition or program
2 payments to be made beyond the term of any fiscal year.
3 Notwithstanding [section 12C.7, subsection 2](#), interest
4 earned on moneys in the community programs account
5 shall be credited to the account. Notwithstanding
6 section 8.33, moneys in the community programs account
7 or escrow account shall not revert to the general fund
8 but shall remain available for expenditure in future
9 fiscal years.

10 Sec. 102. NEW SECTION. **15H.8 RefugeeRISE**
11 **AmeriCorps program.**

12 1. *a.* The Iowa commission on volunteer service, in
13 collaboration with the department of human services,
14 shall establish a Refugee Rebuild, Integrate, Serve,
15 Empower (RefugeeRISE) AmeriCorps program to increase
16 community integration and engagement for diverse
17 refugee communities in rural and urban areas across the
18 state.

19 *b.* The commission, in collaboration with the
20 department of human services, may adopt rules pursuant
21 to chapter 17A to implement and administer this
22 section.

23 2. The commission may use moneys in and lawfully
24 available to the community programs account created in
25 section 15H.5 to fund the program.

26 3. The commission shall submit an annual report
27 to the general assembly and the department of human
28 services relating to the efficacy of the program.

29 DIVISION XXII

30 MENINGOCOCCAL IMMUNIZATION

31 Sec. 103. Section 139A.8, subsection 2, Code 2016,
32 is amended by adding the following new paragraph:

33 NEW PARAGRAPH. *e.* A person shall not be enrolled
34 in school in the seventh grade or twelfth grade in
35 Iowa without evidence of adequate immunization against

1 meningococcal disease in accordance with standards
2 approved by the United States public health service
3 of the United States department of health and human
4 services for such biological products and is in
5 accordance with immunization practices recommended by
6 the advisory committee on immunization practices of the
7 centers for disease control and prevention.

8 DIVISION XXIII

9 MEDICATION SYNCHRONIZATION

10 Sec. 104. NEW SECTION. 514C.5A Prescription drug
11 medication synchronization.

12 1. A carrier, as defined in section 513B.2, that
13 provides prescription drug coverage through a policy
14 or contract delivered, issued for delivery, continued,
15 or renewed on or after January 1, 2017, shall offer
16 medication synchronization services that allow for the
17 alignment of refill dates for a covered individual's
18 prescription drugs that are a covered benefit. Such
19 carrier shall comply with all of the following:

20 a. Shall not deny coverage and shall prorate the
21 cost sharing rate for a prescription drug that is a
22 covered benefit and is dispensed by a network pharmacy
23 in less than the standard refill amount, if the covered
24 individual requests both enrollment in a medication
25 synchronization program and a less-than-standard refill
26 amount for the purposes of medication synchronization.

27 b. Shall accept early refill and short fill
28 requests for prescription drugs using the submission
29 clarification and message codes adopted by the national
30 council for prescription drug plans or alternative
31 codes specified by the carrier.

32 c. Shall pay the ingredient cost and the dispensing
33 fee in accordance with the contracted rate for each
34 submitted claim, regardless of the days' supply
35 specified in the claim submitted. However, compounded

1 medications shall not be eligible for the ingredient
2 cost payment.

3 2. For purposes of this section, "*medication*
4 *synchronization*" means the coordination of medication
5 refills for a patient taking two or more medications
6 for a chronic condition that are dispensed by a single
7 network pharmacy to facilitate the synchronization
8 of an individual's medications for the purpose of
9 improving medication adherence.

10 DIVISION XXIV

11 AUTISM SPECTRUM DISORDERS COVERAGE

12 Sec. 105. Section 225D.1, subsection 8, Code
13 2016, as otherwise amended by this Act, if enacted, is
14 amended to read as follows:

15 8. "*Eligible individual*" means a child less than
16 fourteen years of age who has been diagnosed with
17 autism based on a diagnostic assessment of autism,
18 is not otherwise eligible for coverage for applied
19 behavioral analysis treatment under the medical
20 assistance program, ~~section 514C.28~~ 514C.31, or other
21 private insurance coverage, and whose household income
22 does not exceed five hundred percent of the federal
23 poverty level.

24 Sec. 106. Section 225D.2, subsection 2, paragraph
25 1, Code 2016, is amended to read as follows:

26 1. Proof of eligibility for the autism support
27 program that includes a written denial for coverage or
28 a benefits summary indicating that applied behavioral
29 analysis treatment is not a covered benefit for which
30 the applicant is eligible, under the Medicaid program,
31 ~~section 514C.28~~ 514C.31, or other private insurance
32 coverage.

33 Sec. 107. Section 225D.2, subsection 3, Code 2016,
34 is amended to read as follows:

35 3. Moneys in the autism support fund created under

1 subsection 5 shall be expended only for eligible
2 individuals who are not eligible for coverage for
3 applied behavioral analysis treatment under the medical
4 assistance program, [section 514C.28](#) [514C.31](#), or other
5 private insurance. Payment for applied behavioral
6 analysis treatment through the fund shall be limited
7 to only applied behavioral analysis treatment that is
8 clinically relevant and only to the extent approved
9 under the guidelines established by rule of the
10 department.

11 Sec. 108. NEW SECTION. 514C.31 Autism spectrum
12 **disorders coverage.**

13 1. Notwithstanding the uniformity of treatment
14 requirements of section 514C.6, a group policy,
15 contract, or plan providing for third-party payment or
16 prepayment of health, medical, and surgical coverage
17 benefits shall provide coverage benefits to covered
18 individuals under twenty-two years of age for the
19 screening, diagnosis, and treatment of autism spectrum
20 disorders if the policy, contract, or plan is either
21 of the following:

22 a. A policy, contract, or plan issued by a carrier,
23 as defined in section 513B.2, or an organized delivery
24 system authorized under 1993 Iowa Acts, chapter 158,
25 to an employer who on at least fifty percent of the
26 employer's working days during the preceding calendar
27 year employed more than fifty full-time equivalent
28 employees. In determining the number of full-time
29 equivalent employees of an employer, employers who
30 are affiliated or who are able to file a consolidated
31 tax return for purposes of state taxation shall be
32 considered one employer.

33 b. A plan established pursuant to chapter 509A for
34 public employees.

35 2. As used in this section, unless the context

1 otherwise requires:

2 *a. "Applied behavior analysis"* means the design,
3 implementation, and evaluation of environmental
4 modifications, using behavioral stimuli and
5 consequences, to produce socially significant
6 improvement in human behavior or to prevent loss of
7 attained skill or function, including the use of direct
8 observation, measurement, and functional analysis of
9 the relations between environment and behavior.

10 *b. "Autism spectrum disorder"* means any of
11 the pervasive developmental disorders including
12 autistic disorder, Asperger's disorder, and pervasive
13 developmental disorders not otherwise specified. The
14 commissioner, by rule, shall define "*autism spectrum*
15 *disorder*" consistent with definitions provided in
16 the most recent edition of the American psychiatric
17 association's diagnostic and statistical manual of
18 mental disorders, as such definitions may be amended
19 from time to time. The commissioner may adopt the
20 definitions provided in such manual by reference.

21 *c. "Behavioral health treatment"* means counseling
22 and treatment programs, including applied behavior
23 analysis, that meet the following requirements:

24 (1) Are necessary to develop, maintain, or restore,
25 to the maximum extent practicable, the functioning of
26 an individual.

27 (2) Are provided or supervised by a behavior
28 analyst certified by a nationally recognized board, or
29 by a licensed psychologist, so long as the services are
30 performed commensurate with the psychologist's formal
31 training and supervised experience.

32 *d. "Diagnosis of autism spectrum disorder"* means the
33 use of medically necessary assessments, evaluations, or
34 tests to diagnose whether an individual has an autism
35 spectrum disorder.

1 *e. "Pharmacy care"* means medications prescribed by
2 a licensed physician and any assessment, evaluation,
3 or test prescribed or ordered by a licensed physician
4 to determine the need for or effectiveness of such
5 medications.

6 *f. "Psychiatric care"* means direct or consultative
7 services provided by a licensed physician who
8 specializes in psychiatry.

9 *g. "Psychological care"* means direct or consultative
10 services provided by a licensed psychologist.

11 *h. "Therapeutic care"* means services provided by
12 a licensed speech pathologist, licensed occupational
13 therapist, or licensed physical therapist.

14 *i. "Treatment for autism spectrum disorder"* means
15 evidence-based care and related equipment prescribed
16 or ordered for an individual diagnosed with an autism
17 spectrum disorder by a licensed physician or a licensed
18 psychologist who determines that the treatment is
19 medically necessary, including but not limited to the
20 following:

21 (1) Behavioral health treatment.

22 (2) Pharmacy care.

23 (3) Psychiatric care.

24 (4) Psychological care.

25 (5) Therapeutic care.

26 *j. "Treatment plan"* means a plan for the treatment
27 of an autism spectrum disorder developed by a licensed
28 physician or licensed psychologist pursuant to a
29 comprehensive evaluation or reevaluation performed
30 in a manner consistent with the most recent clinical
31 report or recommendations of the American academy of
32 pediatrics, as determined by the commissioner by rule.

33 3. Coverage for applied behavior analysis is
34 required pursuant to this section for a maximum
35 benefit amount of thirty-six thousand dollars per year.

1 Beginning in 2020, the commissioner shall, on or before
2 July 1 of each calendar year, publish an adjustment for
3 inflation to the maximum benefit required equal to the
4 percentage change in the medical care component of the
5 United States department of labor consumer price index
6 for all urban consumers in the preceding year, and the
7 published adjusted maximum benefit shall be applicable
8 to group policies, contracts, or plans subject to
9 this section that are delivered, issued for delivery,
10 continued, or renewed on or after January 1 of the
11 following calendar year. Payments made under a group
12 policy, contract, or plan subject to this section on
13 behalf of a covered individual for any treatment other
14 than applied behavior analysis shall not be applied
15 toward the maximum benefit established under this
16 subsection.

17 4. Coverage for applied behavior analysis shall
18 include the services of persons working under the
19 supervision of a behavior analyst certified by a
20 nationally recognized board or under the supervision of
21 a licensed psychologist, to provide applied behavior
22 analysis.

23 5. Coverage required pursuant to this section shall
24 not be subject to any limits on the number of visits an
25 individual may make for treatment of an autism spectrum
26 disorder.

27 6. Coverage required pursuant to this section
28 shall not be subject to dollar limits, deductibles,
29 copayments, or coinsurance provisions, or any other
30 general exclusions or limitations of a group plan
31 that are less favorable to an insured than the dollar
32 limits, deductibles, copayments, or coinsurance
33 provisions that apply to substantially all medical and
34 surgical benefits under the policy, contract, or plan,
35 except as provided in subsection 3.

1 7. Coverage required by this section shall be
2 provided in coordination with coverage required for the
3 treatment of autistic disorders pursuant to section
4 514C.22.

5 8. This section shall not be construed to limit
6 benefits which are otherwise available to an individual
7 under a group policy, contract, or plan.

8 9. This section shall not be construed as affecting
9 any obligation to provide services to an individual
10 under an individualized family service plan, an
11 individualized education program, or an individualized
12 service plan.

13 10. Except for inpatient services, if an insured is
14 receiving treatment for an autism spectrum disorder,
15 an insurer is entitled to review the treatment plan
16 annually, unless the insurer and the insured's treating
17 physician or psychologist agree that a more frequent
18 review is necessary. An agreement giving an insurer
19 the right to review the treatment plan of an insured
20 more frequently applies only to that insured and does
21 not apply to other individuals being treated for autism
22 spectrum disorders by a physician or psychologist. The
23 cost of conducting a review of a treatment plan shall
24 be borne by the insurer.

25 11. This section shall not apply to accident-only,
26 specified disease, short-term hospital or medical,
27 hospital confinement indemnity, credit, dental, vision,
28 Medicare supplement, long-term care, basic hospital
29 and medical-surgical expense coverage as defined
30 by the commissioner, disability income insurance
31 coverage, coverage issued as a supplement to liability
32 insurance, workers' compensation or similar insurance,
33 or automobile medical payment insurance, or individual
34 accident and sickness policies issued to individuals or
35 to individual members of a member association.

1 12. The commissioner shall adopt rules pursuant to
2 chapter 17A to implement and administer this section.

3 13. An insurer shall not terminate coverage of an
4 individual solely because the individual is diagnosed
5 with or has received treatment for an autism spectrum
6 disorder.

7 14. *a.* By February 1, 2018, and every February 1
8 thereafter, the commissioner shall submit a report to
9 the general assembly regarding implementation of the
10 coverage required under this section. The report shall
11 include information concerning but not limited to all
12 of the following:

13 (1) The total number of insureds diagnosed with
14 autism spectrum disorder in the immediately preceding
15 calendar year.

16 (2) The total cost of all claims paid out in the
17 immediately preceding calendar year for coverage
18 required under this section.

19 (3) The cost of such coverage per insured per
20 month.

21 (4) The average cost per insured per month for
22 coverage of applied behavior analysis required under
23 this section.

24 *b.* All third-party payment provider policies,
25 contracts, or plans, as specified in subsection 1,
26 and plans established pursuant to chapter 509A shall
27 provide the commissioner with data requested by the
28 commissioner for inclusion in the annual report.

29 15. If any provision of this section or its
30 application to any person or circumstance is held
31 invalid, the invalidity does not affect other
32 provisions or application of this section which can
33 be given effect without the invalid provision or
34 application, and to this end the provisions of this
35 section are severable.

